

**TOWN OF NORTH HEMPSTEAD  
SOLID WASTE MANAGEMENT AUTHORITY  
AGENDA**



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**June 2, 2015**

**7:30 PM**

**RESOLUTIONS:**

1. A RESOLUTION AUTHORIZING THE EXECUTION OF A PROFESSIONAL SERVICES AGREEMENT WITH DVIRKA AND BARTILUCCI CONSULTING ENGINEERS FOR ENGINEERING SERVICES RELATED TO THE LEACHATE TREATMENT FACILITY.
2. A RESOLUTION AUTHORIZING AN AMENDMENT TO A PROFESSIONAL SERVICES AGREEMENT WITH L.K. McLEAN ASSOCIATES FOR ENGINEERING SERVICES RELATED TO SOLID WASTE MANAGEMENT.
3. A RESOLUTION AUTHORIZING AN AMENDMENT TO THE SOLID WASTE MANAGEMENT AUTHORITY EMPLOYEE POLICY MANUAL.
4. A RESOLUTION AUTHORIZING AN AMENDMENT TO THE SOLID WASTE MANAGEMENT AUTHORITY EMPLOYEE POLICY MANUAL TO INCORPORATE THE INCLUSION OF GENDER IDENTITY AS A PROTECTED CLASS.
5. A RESOLUTION AUTHORIZING THE EMPLOYMENT, APPOINTMENT, TRANSFER, ADJUSTMENT, CORRECTION, CHANGE IN GRADE OR SALARY AND/OR TERMINATION OF EMPLOYEES AND/OR OFFICIALS WITHIN THE AUTHORITY.

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**Chairwoman Bosworth offered the following resolution and moved its adoption, which resolution was declared adopted after a poll of the members of this Board:**

**RESOLUTION NO. s15 -2015**

**A RESOLUTION AUTHORIZING THE EXECUTION OF A PROFESSIONAL SERVICES AGREEMENT WITH DVIRKA AND BARTILUCCI CONSULTING ENGINEERS FOR ENGINEERING SERVICES RELATED TO THE LEACHATE TREATMENT FACILITY.**

**WHEREAS**, the Authority is in need of engineering services related to the Leachate Treatment Facility (the “Facility”), specifically an assessment and feasibility study to determine the scope of work required to repair the Facility in order to meet standards required in properly treating and discharging leachate (the “Services”); and

**WHEREAS**, following the review and analysis of proposals submitted for the Services, the Executive Director of the Authority has recommended that the Board of the Authority authorize the retention of Dvirka and Bartilucci Consulting Engineers, P.C., 330 Crossways Park Drive, Woodbury, New York 11797 to provide the Services for an amount not to exceed Twenty Thousand and 00/100 Dollars (\$20,000.00) (the “Agreement”); and

**WHEREAS**, the Board wishes to authorize the execution of the Amendment.

**NOW, THEREFORE, BE IT**

**RESOLVED**, that the Chair be and hereby is authorized and directed to execute the Agreement, and to take such further action as may be necessary to effectuate the foregoing; and be it further

**RESOLVED**, that the Office of the Town Attorney, as counsel to the Authority, be and hereby is authorized and directed to supervise the negotiation and execution of the Agreement, and to take such further action as may be necessary to effectuate the foregoing; and be it further

**RESOLVED**, that Assistant Treasurer be and hereby is authorized and directed to pay the costs of the Agreement, upon receipt of a duly-executed Agreement and certified claims therefor.

**Dated:** Manhasset, New York  
June 2, 2015

The vote on the foregoing resolution was recorded as follows:

**Ayes:** Chairwoman Bosworth, Member Russell, Member Kaplan, Member Seeman,  
Member Ferrara, Member Zuckerman

Nays: None

Recuse: Member De Giorgio

cc: Town Attorney Comptroller SWMA

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**Chairwoman Bosworth offered the following resolution and moved its adoption, which resolution was declared adopted after a poll of the members of this Board:**

**RESOLUTION NO. s16-2015**

**A RESOLUTION AUTHORIZING AN AMENDMENT TO A PROFESSIONAL SERVICES AGREEMENT WITH L.K. McLEAN ASSOCIATES FOR ENGINEERING SERVICES RELATED TO SOLID WASTE MANAGEMENT.**

**WHEREAS**, pursuant to Resolution No. s855-2013, duly adopted at a meeting of the Board of the Town of North Hempstead Solid Waste Management Authority (the "Authority"), the Authority has previously entered into an agreement (the "Agreement") with L.K. McLean Associates, P.C. (the "Consultant") provide on-call engineering services related to solid waste management, landfill services, leachate treatment re-design, landfill gas flare installation and other solid waste related activities on an as-needed basis (the "Services"), which Agreement was subsequently amended to extend the term of the Agreement to February 28, 2015; and

**WHEREAS**, since the expiration of the term Agreement, the Authority has required the Services, and will continue to require the Services; and

**WHEREAS**, the Executive Director of the Authority has recommended that the Board of the Authority authorize a two (2) year extension of the term of the Agreement, such that the Agreement shall terminate on February 28, 2017 and further authorize the addition of a sum not to exceed Nineteen Thousand and 00/100 Dollars (\$19,000.00) to the maximum amount to be expended under the Agreement (the "Amendment"); and

**WHEREAS**, the Board wishes to authorize the execution of the Amendment.

**NOW, THEREFORE, BE IT**

**RESOLVED**, that the Chair be and hereby is authorized and directed to execute the Amendment, and to take such further action as may be necessary to effectuate the foregoing; and be it further

**RESOLVED**, that the Office of the Town Attorney, as counsel to the Authority, be and hereby is authorized and directed to supervise the negotiation and execution of the Amendment, and to take such further action as may be necessary to effectuate the foregoing; and be it further

**RESOLVED**, that Assistant Treasurer be and hereby is authorized and directed to pay the costs of the Amendment, upon receipt of a duly-executed Amendment and certified claims therefor.

**Dated:** Manhasset, New York

June 2, 2015

The vote on the foregoing resolution was recorded as follows:

Ayes: Chairwoman Bosworth, Member Russell, Member Kaplan, Member Seeman,  
Member De Giorgio, Member Ferrara, Member Zuckerman

Nays: None

cc: Town Attorney      Comptroller      SWMA

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**Chairwoman Bosworth offered the following resolution and moved its adoption, which resolution was declared adopted after a poll of the members of this Board:**

**RESOLUTION NO. s17-2015**

**A RESOLUTION AUTHORIZING AN AMENDMENT TO THE SOLID WASTE MANAGEMENT AUTHORITY EMPLOYEE POLICY MANUAL.**

**WHEREAS**, the Town of North Hempstead Solid Waste Management Authority (the "Authority") has heretofore adopted, and amended, the Employment Manual for Non-Union Employees (the "Employment Manual"); and

**WHEREAS**, the Commissioner of the Department of Finance/Human Resources (the "Commissioner"), in consultation with the Executive Director of Authority, has requested authorization to amend the Employment Manual in accordance with the proposed amendments set forth in the amended Employment Manual, a copy of which is annexed hereto as Exhibit A (the "Amended Employment Manual"); and

**WHEREAS**, the Authority wishes to authorize the amendments and adopt the Amended Employment Manual.

**NOW, THEREFORE, BE IT**

**RESOLVED** that the Authority does hereby authorize the amendments and adopt the Amended Employment Manual, copies of which shall be on file in the Office of the Town Attorney and the Department of Finance/Human Resources.

The vote on the foregoing resolution was recorded as follows:

**Dated:** Manhasset, New York

June 2, 2015

The vote on the foregoing resolution was recorded as follows:

**Ayes:** Chairwoman Bosworth, Member Russell, Member Kaplan, Member Seeman, Member De Giorgio, Member Ferrara, Member Zuckerman

**Nays:** None

cc:

Town Attorney

Finance/HR

SWMA

# EXHIBIT A

## EMPLOYEE BENEFITS

### DEFINITIONS

Elected Officials- Town Supervisor, Town Clerk, Town Councilmembers, Town Receiver of Taxes.

Executive Management/Appointed Employees- Deputy Town Supervisor, Commissioners, Comptroller, Deputy Comptroller, Deputy Commissioners, Superintendent of Highways, Senior members of Town Supervisor's staff, Town Attorney, Chief Deputy Attorney, SWMA Executive Director, SWMA Deputy Executive Director.

### VACATION

Regular full-time employees presently accrue vacation time in accordance with the schedule below:

Length of Service as of January 1	Vacation Days
Less than one (1) year of continuous service	13 days per calendar year
After one (1) year of continuous service	14 days per calendar year
After two (2) years of continuous service	15 days per calendar year
After three (3) years of continuous service	16 days per calendar year
After four (4) years of continuous service	17 days per calendar year
After five (5) years of continuous service	18 days per calendar year
After six (6) years of continuous service	19 days per calendar year
After seven (7) years of continuous service	20 days per calendar year
After eight (8) years of continuous service	21 days per calendar year
After ten (10) years of continuous service	22 days per calendar year
After fifteen (15) years of continuous service	23 days per calendar year

**The following is applicable** ~~[F]~~for the purposes of computing vacation time only~~[.]~~ **(i) [a]**Any employee who began full-time employment prior to July 1 of any year will be credited with a full year of employment for that year; **and (ii) "years of continuous service" includes the dates of all full time employment with the State of New York and/or its municipal subdivisions, provided that any interruption in such employment is not greater than one year. New or returning full time employees may be credited with no more than five years of continuous service. This means that new or returning full time employees may be credited with no more than five additional vacation days.**

Executive Management/Appointed employees, during their first year of employment may request, in writing, an advance of five (5) vacations days. Upon such an advance, such employee will not receive any vacation accruals until the advanced time has been earned back.

All regular full-time employees may sell back to the Town, at year end, up to five (5) days of unused vacation per year.



Vacation shall not accrue during absences when an employee is not on regular pay status (e.g., unpaid leave, half pay status, etc.).

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**Chairwoman Bosworth offered the following resolution and moved its adoption, which resolution was declared adopted after a poll of the members of this Board:**

**RESOLUTION NO. s18 - 2015**

**A RESOLUTION AUTHORIZING AN AMENDMENT TO THE SOLID WASTE MANAGEMENT AUTHORITY EMPLOYEE POLICY MANUAL TO INCORPORATE THE INCLUSION OF GENDER IDENTITY AS A PROTECTED CLASS.**

**WHEREAS**, the Town of North Hempstead Solid Waste Management Authority (the "Authority") has heretofore adopted, and amended, the Town of North Hempstead/Solid Waste Management Authority Employee Policy Manual (the "Employment Manual"); and

**WHEREAS**, the Commissioner of the Department of Finance/Human Resources (the "Commissioner"), in consultation with the Executive Director of Authority, has requested authorization to amend the Employment Manual in accordance with the proposed amendments set forth in the amended Employment Manual, a copy of which is annexed hereto as Exhibit A (the "Amended Employment Manual"); and

**WHEREAS**, the Authority wishes to authorize the amendments and adopt the Amended Employment Manual.

**NOW, THEREFORE, BE IT**

**RESOLVED** that the Authority does hereby authorize the amendments and adopt the Amended Employment Manual, copies of which shall be on file in the Office of the Town Attorney and the Department of Finance/Human Resources.

Dated:           Manhasset, New York

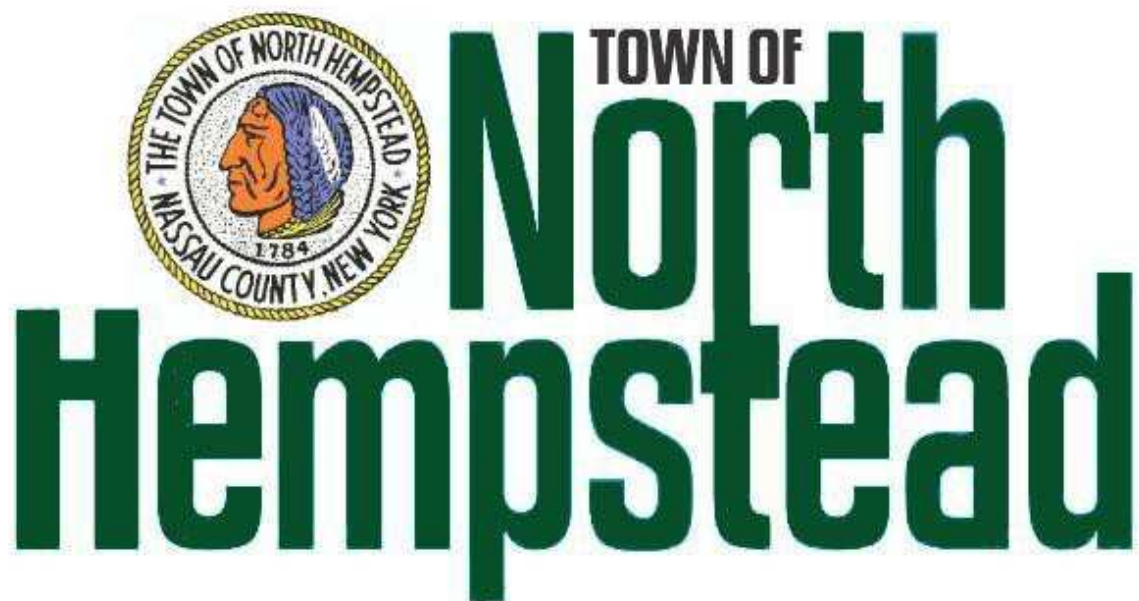
June 2, 2015

The vote on the foregoing resolution was recorded as follows:

Ayes:    Chairwoman Bosworth, Member Russell, Member Kaplan, Member Seeman,  
          Member De Giorgio, Member Ferrara, Member Zuckerman

Nays:    None

cc:       Town Attorney           Finance/HR           SWMA



**Solid Waste  
Management  
Authority**

**Employee  
Policy Manual**

**01/05/2012  
Updated 11/19/13**



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**DISCLAIMER**

The provisions of this Manual apply to those regular full-time and less than full-time employees of the Town of North Hempstead and the Solid Waste Management Authority (SWMA), (collectively referred to as (—the Town)). This Policy Manual is meant to serve as a guide only, and is not intended to be a contract of employment for any purpose or any duration and does not grant or create any rights. The Town of North Hempstead has the right to add to, change, or eliminate the policies contained in this Policy Manual from time to time as it deems appropriate, in the sole discretion of the Town unless otherwise provided by law.

Unless otherwise provided by law or in a separate written contract or collective bargaining agreement, all employees are terminable at will. Nothing contained in this Policy Manual shall in any way restrict or alter the Town's right to discipline or terminate any employee, which rights shall be governed solely by the Civil Service Law, state and federal law and the terms of any collective bargaining agreement, to the extent each is applicable.

Nothing in this policy manual will be interpreted or limit or interfere with your rights under Section 7 of the National Labor Relations Act or other applicable labor laws or regulations.

## **EQUAL EMPLOYMENT OPPORTUNITY POLICY**

### **AUTHORITY AND PURPOSE**

The Town of North Hempstead Equal Employment Opportunity Policy is adopted pursuant to Town Code § 23-17.8 in order to ensure that all employees are informed of the Town's policy on discrimination, harassment and retaliation, to assist employees who complain of prohibited conduct and to maintain in each office a working environment free from discrimination, harassment and retaliation.

### **ANTI-DISCRIMINATION POLICY**

The Town of North Hempstead (the —Town) is an equal opportunity employer and is committed to making all employment decisions and conducting all business without regard to age, race, creed, religion, color, sex, national origin, disability, marital status, ancestry, citizenship, pregnancy, sexual orientation, **gender**, veteran status, or any other status protected by federal, state or local law, including the Town Code. Anyone who believes that he or she has been unlawfully discriminated against on the basis of any of these characteristics, or who believes she/he has been retaliated against for making a complaint of discrimination, or participating truthfully in an investigation of such a complaint must immediately report the incident as set forth in the Town's complaint procedure.

### **ANTI- HARASSMENT POLICY**

#### **Unlawful Harassment**

It is the policy of the Town that all employees and applicants, as well as everyone with whom the Town does business (e.g., outside vendors, consultants, members of the public, contractors), should be able to enjoy a work environment free from harassment based on age, race, creed, religion, color, sex, national origin, disability, marital status, ancestry, citizenship, pregnancy, sexual orientation, **gender**, veteran status, or any other basis protected by federal, state or local law, including the Town Code. Harassment which violates this policy will not be tolerated.

#### **Sexual Harassment**

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or visual, verbal or physical conduct of a sexual nature when:

- Submission to the conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
- Submission to, or rejection of, such conduct is used as the basis for employment decisions affecting such individuals; or
- Such conduct has the purpose or effect of interfering unreasonably with the individual's work performance or creating an intimidating, hostile or offensive work environment that is, or would be, offensive to a person of reasonable sensitivity and sensibilities.

This definition includes many forms of offensive behavior. It makes no difference if the harassment is just joking or teasing or playful. The following is a partial list of examples of sexually harassing conduct:

- Unwanted sexual advances;
- Offering employment benefits in exchange for sexual favors;
- Making or threatening reprisals after a negative response to sexual advances;
- Visual conduct such as leering; making sexual gestures; or displaying sexually suggestive or degrading objects, pictures, cartoons, posters, or computer or television broadcasts;
- Verbal conduct such as making or using derogatory comments; sexual propositions, sexually explicit jokes or jokes concerning gender-specific traits; sexually explicit comments about an individual's body or clothing; comments about an individual's sexual desirability; sexually degrading words to describe an individual; suggestive or obscene letters, notes or invitations; or playing radio or television broadcasts in the workplace that contain sexually suggestive or degrading conversation; or
- Physical conduct such as touching, petting, pinching, impeding or blocking movements, or assault.

It **shall be** [is] unlawful [~~for males~~] to sexually harass **any person, regardless of sex or gender** [~~females or other males, and for females to sexually harass males or other females~~]. Sexual harassment on the job is unlawful, whether it involves co-worker harassment, harassment by a supervisor or member of management, or harassment by persons doing business with or for the Town.

#### Other Forms of Harassment

Prohibited harassment on the basis of other protected class status, includes behavior similar to sexual harassment. It makes no difference if the harassment is just joking or teasing or playful. Following is a partial list of examples of harassing conduct:

- Visual conduct based on membership in a protected class, such as derogatory posters, photographs, cartoons, drawings, gestures, or computer or television broadcasts;
- Verbal conduct based on membership in a protected class, such as racial, ethnic or religious jokes, or derogatory comments, slurs, innuendoes, epithets or threats (including those uttered over radio or television broadcasts); or
- Physical conduct such as touching, blocking movements or assault because of membership in a protected class.

#### **RETALIATION**

Retaliation of any kind against a complaining individual who makes a good-faith report of unlawful harassment or discrimination or who participates truthfully in an investigation into an harassment or discrimination complaint is strictly prohibited. Follow-up interview(s) with the complainant will be conducted for an appropriate period of time, to ensure that the unlawful harassment or discrimination has not resumed and that no retaliatory action has been taken.

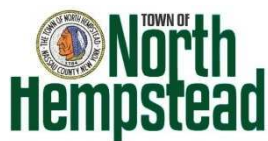
#### **COMPLAINT PROCEDURE**

The Town's complaint procedure provides for an immediate, thorough and objective investigation of any claim of unlawful harassment, discrimination or retaliation and, appropriate disciplinary action against anyone found to have engaged in such conduct.



Each employee, supervisor and manager is responsible for maintaining a workplace free from unlawful harassment, discrimination and retaliation. Accordingly, any individual who believes the actions or words of a co-worker, supervisor, manager or individual with whom the Town is doing business constitute unlawful harassment, discrimination or retaliation should take the following actions and/or be advised of the following:

- If possible, tell the harasser that his or her actions are not welcome and must stop.
- Promptly report the incident to your department head, or in writing to the Town Attorney or his/her designee. Complaints must be made within one year after occurrence of the alleged prohibited conduct.
- Complainants are encouraged to consult initially with their respective department heads to attempt informal resolution, but failure to do so will in no way limit the right to utilize the Town grievance procedure initially or thereafter if resolution cannot be accomplished through the department head. Complaints made initially to the department head which are not informally resolved to the satisfaction of the complainant shall be referred to the Town Attorney.
- It is strongly encouraged that the complaining individual files a written complaint using Form A attached hereto. The complaint should be as detailed as possible and include the names of the individuals involved, witnesses, direct quotes and or evidence (e.g., notes, e-mails, etc.).
- Supervisors and managerial personnel must take timely and appropriate corrective action when instances of unlawful harassment, discrimination or retaliation come to their attention. Anyone accused of such conduct shall be afforded an opportunity to present his or her version of events in the presence of their attorney and/or other representative. All individuals are hereby directed and required to cooperate with the Town in fulfilling its investigative function.
- All complaints of unlawful discrimination, harassment or retaliation and information and proceedings relating thereto shall be kept in strict confidence except as otherwise specified in the Town Code.
- All claims of unlawful harassment, discrimination or retaliation will be expeditiously investigated and handled in accordance with the provisions set forth in Town Code § 23-17.7.
- Conduct which is found to violate the Town's Anti-Discrimination shall be deemed a serious violation of Town policy and shall be the basis for disciplinary action as set forth herein.



**COMPLAINT FORM FOR VIOLATIONS OF THE TOWN OF NORTH HEMPSTEAD  
EQUAL EMPLOYMENT OPPORTUNITY POLICY – (FORM A)**

Complaint of Discrimination, Harassment or Retaliation

Date of Complaint: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Complainant: \_\_\_\_\_

Charged Person(s) \_\_\_\_\_

Description of Incident: (Attach additional sheets if necessary)

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Name(s) of witness(es), if any: \_\_\_\_\_

Has the incident been reported before: \_\_\_\_\_

If yes, when, to whom, and what was the resolution?: \_\_\_\_\_

\_\_\_\_\_  
Complainant

Complaint Received by: \_\_\_\_\_

### **STATEMENT OF POLICY FOR DISABLED EMPLOYEES**

The Town will not discriminate against any individual because s/he has a disability. We will extend an equal employment opportunity to qualified disabled persons in all areas of the employer-employee relationship. We will also provide reasonable accommodation to the known physical or mental disabilities of an otherwise qualified employee, provided that such accommodation does not constitute an undue hardship on the Town.

### **NO-SMOKING POLICY**

Smoking is prohibited throughout all Town buildings and facilities, and in Town vehicles. Smoking is permitted outside Town buildings during lunch, breaks, and before and after work. Employees who violate these rules may be subject to disciplinary action. Any employee who believes that the smoking policy has been violated should report the violation to the Department of Finance/Personnel.

Employees shall not be retaliated against for exercising their rights to a smoke-free environment. Any employee who believes that s/he has been subject to any retaliation for exercising his/her rights shall file a complaint with the Department of Finance/Personnel. This policy is designed to ensure that all non-smoking employees have the right to work in a healthy, smoke free environment.

### **ACCIDENT PREVENTION AND REPORTING**

Employees are expected to help prevent work-related accidents by always being safety-conscious and promptly reporting all safety hazards to their supervisors. Any injury that occurs on the job, no matter how insignificant the injury may seem, must be reported immediately to your supervisor and the Department of Finance/Personnel.

The Town maintains Workers' Compensation insurance, as required by law, to protect you if you are injured while performing your assigned duties. If you are injured while performing your assigned duties, you are covered by the Workers' Compensation Law. The Town pays the full cost of this benefit. The law currently provides medical care for you for your injury at no cost, and insures that you will receive a portion of your salary should your absence continue beyond the period of your paid sick leave.

The Town is committed to safety. Every employee is entitled to a safe and healthful work environment. We shall do everything possible to prevent accidents and we expect you to use common sense, exercise good judgment, and observe safety rules.

If you are aware of any condition or practice that you believe may be unsafe, or if you have a suggestion concerning safety, report it immediately to your immediate supervisor. Remember, safety rules are for your own protection as well as for the protection of the Town. You must strictly follow all safety rules. Violators may be subject to discipline, up to and including termination from employment in accordance with the current union's Collective Bargaining Agreement.

## **WORKPLACE VIOLENCE PREVENTION PROGRAM**

The Town of North Hempstead is committed to providing its employees with a work environment that is safe, secure, and free from violence. The Town also considers the safety of its residents, vendors, contractors, and the general public (collectively referred to as —visitors throughout the remainder of this program manual) to be of paramount importance and strives to provide them the same type of protections while on Town property.

In accordance with the New York State Workplace Violence Prevention Act, the Town of North Hempstead has developed a Workplace Violence Prevention Program. As a part of this program, the Town conducted a comprehensive risk evaluation of the entire workplace. Authorized employee representatives were active participants in the development of this policy and program. The Town will conduct annual reviews, with the participation of the authorized employee representatives, to identify risk factors that may increase the likelihood of workplace violence and implement appropriate measures to minimize or eliminate these hazards. In order to achieve this goal, the Town encourages the participation and cooperation of employees and their authorized employee representative(s).

The Town will not tolerate any acts of violence in the workplace, including but not limited to, physical assault (e.g., hitting, pushing) or acts of aggression, whether verbal or physical, that would inflict physical injury upon an employee or elected official. In addition, employees are prohibited from possessing firearms or weapons (e.g., guns, non work related knives, explosives, and other items with the potential to inflict harm) in the workplace, even if the employee is licensed to carry the weapon. The only exceptions are law enforcement. An employee who has knowledge that a coworker or visitor possesses a weapon on Town property must report this to a Department Head or supervisor immediately.

For the purpose of this program, the workplace is defined as any location away from an employee's home, either permanent or temporary, where the employee performs any work-related duty in the course of employment. This includes, but is not limited to, Town-owned buildings and surrounding perimeters, parking lots, worksites, clients' homes, and traveling to and from work assignments.

Any incident of workplace violence or imminent danger must be promptly reported to the Department Head and/or any member of the Hazard Reduction Team as identified in Section 2 of this program. In addition to being set forth in Section 2, the Hazard Reduction Team is identified on a list maintained in the Finance Department (c/o the Commissioner of Finance).

Violations of this policy will result in appropriate remedial, disciplinary, and/or legal action, according to the circumstances, applicable New York State Law, and the Collective Bargaining Agreement as it may apply.

An employee will not be subject to criticism, reprisal, retaliation, demotion, discrimination, disciplinary action, or other adverse employment action for making a good faith report of acts pursuant to this program.

This Workplace Violence Prevention Program policy statement will be posted where notices to employees are normally displayed. In addition, a copy of the program manual will be made available to employees, the authorized employee representative(s), and the Commissioner of the New York State Department of Labor at each of the Town's worksites during normal working hours.

## **CODE OF ETHICS**

It is in the best interests of effective and responsive government that its officers and employees, whether paid or unpaid, understand and be guided by a Code of Ethics. Clear procedures regarding financial disclosure of certain officers and employees will foster both public confidence in local government and the privacy interests of individuals who are officers and employees of the Town.

The Town Clerk shall maintain a copy of this Code of Ethics on file and shall make said copy available for public inspection during regular business hours. A copy of the Code of Ethics shall be distributed to every officer and employee, of the Town, whether paid or unpaid, by the Town Supervisor.

The Code of Ethics is set forth in Chapter 16A of the Town Code., along with the current Financial Disclosure forms.

### **Definitions**

As used in this Code of Ethics, the following terms shall have the meanings indicated:

*Elected Official* — An elected official of the Town.

*Local Political Party Official* — The Town chairman or leader of a Town committee of a party as the term —partyll is defined in § 1-104 of the Election Law. The term —chairmanll or —leaderll is intended to refer to the person who performs the functions and duties of the chief official of a party in the Town, by whatever title designated, without regard to whether the chairman or leader receives compensation or expenses from the party.

*Ministerial Matter* — Any administrative act carried out in a prescribed manner not allowing for substantial personal discretion.

*Officer or Employee* — Heads of departments, divisions, agencies, boards or commissions and their deputies and assistants; those who hold policymaking positions as determined by the Town Board and set forth in a resolution of said Board, which shall be filed with the Board of Ethics on or about February 15 of each year; and those whose duties involve the negotiation, authorization or approval of those items as outlined in Subsection C(4) of this section.

*Relative* — The spouse, child, stepchild, stepparent or any person who is a direct descendant of the grandparents of the reporting individual or of the reporting individual's spouse.

*Reporting Individual* — The person required by this section to file an annual financial disclosure statement.

*Spouse* — The husband or wife of the reporting individual unless living separate and apart from the reporting individual with the intention of terminating the marriage or providing for permanent separation or unless separated pursuant to a judicial order, decree or judgment or a legally binding separation agreement.

*Town* — The Town of North Hempstead.

*Unemancipated Child* — Any son, daughter, stepson or stepdaughter under the age of 18, unmarried and living in the household of the reporting individual.

#### Prohibited Conflicts of Interest

No officer or employee of the Town of North Hempstead, whether paid or unpaid, shall:

- Be or become interested, directly or indirectly, in any manner whatsoever, except by operation of law, in any business or professional dealings with the Town of North Hempstead or any agency thereof.
- Act as attorney, agent, broker, representative or employee in business or professional dealings with the Town of North Hempstead or any agency thereof for any person, firm or corporation, directly or indirectly, in any manner whatsoever.
- Accept other employment or engage in any business transactions or make any investments, directly or indirectly, which create a conflict with his/her official duties.

Notwithstanding the provisions set forth above, any persons serving the Town of North Hempstead or any agency thereof without compensation shall not be deemed to have a prohibited conflict of interest by reason of financial, professional or business interests unless such interests are in conflict with the proper discharge of his official duties.

#### Gifts and Favors

No officer or employee of the Town of North Hempstead, whether paid or unpaid, shall solicit or accept any gift having a value of seventy-five dollars (\$75.00) or more, whether in the form of money, services, loan, travel, entertainment, hospitality, object or promise or any other form, from any person, firm or corporation which, to his/her knowledge, is interested, directly or indirectly, in any manner whatsoever in business or professional dealings with the Town of North Hempstead or any agency thereof.

#### Solicitation of Contributions Prohibited

No officer or employee of the Town, whether paid or unpaid, or any candidate for elective Town office or any committee for any officer or employee or candidate for elective Town office shall knowingly solicit or request contributions to any candidate for elective office or to any committee for any candidate or political party from any employee of the Town or spouse of any employee or from any person, firm or corporation which at such time or within two (2) years of such time has done business with the Town or any agency thereof. A person is a —candidate for elective Town office, for purposes of this section, once he/she is required to file an annual statement of financial disclosure pursuant to Section 16A-12 of the Town of North Hempstead Town Code. Where a firm or corporation may not be solicited, the prohibition shall extend to partners or officers of such firm or corporation as well.

#### Disclosure of Interest

Any officer or employee of the Town of North Hempstead, whether paid or unpaid, who has, will have, or later acquires a direct or indirect financial or other private interest in or whose spouse has, will have, or later acquires an interest in any matter being considered by the Town Board of the Town of North Hempstead or by any other official or agency, officer or employee of the Town and who participates in discussions before or gives opinions to such Board, agency or individuals shall publicly disclose on the official record the nature and extent of such interest as soon as he/she has knowledge of such actual or prospective interest.

Any officer or employee of the Town of North Hempstead, whether paid or unpaid, who has knowledge of any matter being considered by any board, agency, officer or employee of the Town in which he/she or his/her spouse has any direct or indirect financial or other private interest shall be required to disclose, in writing, his interest to such board, agency, officer or employee and the nature and extent thereof as soon as he/she has knowledge of such actual or prospective interest.

A copy of every disclosure required above, including a copy of any transcript of such disclosure, shall be promptly transmitted by the board, agency, officer or employee receiving such disclosure to the Town Clerk, who shall file and maintain the same as a public record.

#### Disclosure of Confidential Information

No officer or employee of the Town of North Hempstead, whether paid or unpaid, shall disclose confidential information concerning the property, government or affairs of the Town or any other confidential information of an official character except when permitted or required by law, nor shall he/she use such information to advance the financial or other private interests of himself/herself or others.

#### Future Employment

No person who has served as an officer or employee of the Town of North Hempstead shall:

- Within a period of two (2) years after the termination of such service or employment, appear before any board or agency of the Town of North Hempstead; or
- Receive compensation for any services rendered on behalf of any person, firm, corporation or association in relation to any case, proceeding or application with respect to which such person was directly concerned as a Town officer or employee, or in which he/she personally participated during the period of his/her Town service or employment, or which was under his/her active consideration as a Town officer or employee.

Notwithstanding the above, the Town itself shall not be prevented from retaining the services, in accordance with General Municipal Law § 104-b, of a former Town officer or employee or of a firm or corporation in which such former Town officer or employee is currently employed.

#### Financial Disclosure

The Town of North Hempstead has established an Annual Statement of Financial Disclosure Form (—the StatementII). A blank copy of the Statement shall be on file and maintained by the Town Clerk and shall be available for public inspection during regular business hours.

The Statement shall be completed and filed annually with the Town of North Hempstead Board of Ethics on or before May 15 by:

- local elected officials;
- department heads and their deputies and assistants;
- policymakers;
- officers and employees whose duties involve the negotiation, authorization or approval of: contracts, leases, franchises, revocable consents, concessions, variances, special permits and licenses; the purchase, sale, rental or lease of real property, goods or services; the obtaining of grants of money or loans; or the adoption or repeal of any rule or regulation having the force and effect of the law;
- candidates for local elected office;
- local political party officials; and
- members of commissions, boards and agencies of the Town as required by § 16A-7D(46) of the Town of North Hempstead Town Code.

The offices, titles and job classifications of those officers and employees required to file annual financial disclosure statements shall include but not be limited to:

- Supervisor; Deputy Supervisor; Executive Assistant to the Supervisor; Assistant to the Supervisor;
- Member of the Town Board; Assistant to the Town Board;
- Town Clerk; Deputy Town Clerk; Assistant Town Clerk;
- Receiver of Taxes; Deputy Receiver of Taxes; Assistant Receiver of Taxes;
- Town Attorney; Chief Deputy Town Attorney; Deputy Town Attorney; Assistant Town Attorney;
- Commissioner of Finance; Deputy Commissioner of Finance; Assistant Commissioner of Finance, Director of Finance;
- Comptroller; Deputy Comptroller; Assistant Comptroller;
- Commissioner of Planning; Deputy Commissioner of Planning; Assistant Commissioner of Planning;
- Commissioner of Building and Safety Enforcement; Deputy Commissioner of Building and Safety Enforcement; Assistant Commissioner of Building and Safety Enforcement.
- Commissioner of Public Works; Deputy Commissioner of Public Works; Assistant Commissioner of Public Works;
- Commissioner of Solid Waste; Deputy Commissioner of Solid Waste; Assistant Commissioner of Solid Waste;
- Commissioner of Community Services; Deputy Commissioner of Community Services; Assistant Commissioner of Community Services;
- Superintendent of Highways;
- Director of Legislative Affairs;
- Commissioner of Department of Services for the Aging; Deputy Commissioner of Department of Services for the Aging
- Commissioner of Department of Information Technology and Telecommunications; Commissioner of Department of Information Technology and Telecommunications;
- Chairman, Board of Zoning and Appeals; Member, Board of Zoning and Appeals; Executive Secretary, Board of Zoning and Appeals;
- Commissioner of Parks and Recreation; Deputy Commissioner of Parks and Recreation; Assistant Commissioner of Parks and Recreation;



- Chairperson, member or executive director, executive secretary or like employee of the following North Hempstead agencies, boards, commissions, authorities or like organizations: Community Development Agency; Plumbing Board; Electrical Board; and any such board, commission, authority or like organization created subsequent to the enactment of this section that performs a government function and does not merely serve in an advisory capacity.

A person who is subject to the filing requirements of both Subdivision 2 of § 73-a of the Public Officers Law and of this section may satisfy the requirements of this section by filing with the Town of North Hempstead Board of Ethics on or before the filing deadline provided in § 3-a of said law a copy of the financial disclosure statement filed pursuant to said § 73-a, notwithstanding the filing deadline otherwise imposed by this section.

A person who is subject to the reporting requirements of this section and who has timely filed with the Internal Revenue Service an application for automatic extension of time in which to file his/her individual income tax return for the immediately preceding calendar or fiscal year shall be required to file such financial disclosure statement on or before May 15 but may, without being subjected to any civil penalty on account of a deficient statement, indicate with respect to any item of the disclosure statement that information with respect thereto is lacking but will be supplied in a supplementary statement of financial disclosure, which shall be filed on or before the seventh day after the expiration of the period of such automatic extension of time within which to file such individual income tax return, provided that failure to file or to timely file such supplementary statement of financial disclosure or the filing of an incomplete or deficient supplementary statement of financial disclosure shall be subject to the notice and penalty provisions of this section respecting annual statements of financial disclosure as if such supplementary statement was an annual statement.

A person who is required to file an annual financial disclosure statement with the Board of Ethics and who is granted an additional period of time within which to file such statement due to justifiable cause or undue hardship, in accordance with the required rules and regulations of the Board of Ethics on the subject, shall file such statement within the additional period of time granted.

Both political party officials and any person required to file a financial disclosure statement who commences employment after May 15 of any year shall file such statement within 30 days after commencing employment or of taking the position of political party official, as the case may be.

A person who is subject to the filing of annual financial disclosure statements for more than one (1) political subdivision within Nassau County may satisfy the requirements of this section by filing only one (1) annual financial disclosure statement with the Town of North Hempstead Board of Ethics or Nassau County Board of Ethics or, if such political subdivision crosses one (1) or more county boundary lines, then such single filing may be made for any of the counties in which one (1) of such political subdivisions is located; provided, however, that the Town of North Hempstead Board of Ethics is notified of the name of the county of such compliance by the person who is subjected to the filing requirements of this section within the time limit for filing specified in this section.

A Town of North Hempstead elected official who is simultaneously a candidate for Town of North Hempstead elected office shall satisfy the filing deadline requirements of this section by complying only with the deadline applicable to one who holds such local elected office.

A candidate whose name will appear on both a party designating petition and on an independent nominating petition for the same office or who will be listed on the election ballot for the same office more than once shall satisfy the filing deadline requirements of this section by complying with the earliest applicable deadline only.

#### Annual Statement of Financial Disclosure

The annual statement of financial disclosure shall contain the information and shall be set forth in the Annual Statement of Financial Disclosure.

#### Continuation of Board of Ethics

The Board of Ethics of the Town of North Hempstead (the —Board) shall consist of six (6) members to be appointed by the Supervisor but subject to the confirmation of the Town Board. All members shall reside in the Town of North Hempstead and shall serve without compensation. The term of office for each member shall be six (6) years.

The term of one (1) member of the Board shall expire on an annual rotating basis. In the event of a vacancy prior to the expiration of a member's term due to registration, death, illness or otherwise, a successor member shall be appointed for the unexpired balance of the term. This appointment shall be made in the same manner as provided for above.

The members of the Board of Ethics shall elect a Chairperson from their group.

#### Powers and Duties of Board of Ethics

The Board of Ethics shall promulgate its own rules and regulations as to its forms and procedures and shall maintain appropriate records of its opinions and proceedings.

The Board of Ethics shall render advisory opinions with respect to the Code of Ethics when so requested by an officer or employee or the head of the department, agency or unit he/she serves. All opinions shall be rendered only to the person so requesting. All requests for opinions must be submitted to the Board in writing.

The Board of Ethics shall be the repository for completed annual statements of financial disclosure, and shall make the form for the annual statement of financial disclosure available to persons required to file. The Board of Ethics shall receive and review completed financial disclosure statements. The Board shall make available for public inspection, during regular business hours, the completed Annual Financial Disclosure Forms, except that the categories of amounts are confidential and shall not be made available to the public.

The Board shall adopt, amend and rescind rules and regulations to govern procedures for filing the annual statements and for requesting extensions of time to file for justifiable cause or undue hardship and shall set time limits for such extensions. The rules and regulations shall include a date beyond which no extensions will be granted. The Board may utilize or modify such rules or regulations or adopt separate rules or regulations for the purposes set forth in § 811(1)(d) of the General Municipal Law.

The Board shall establish guidelines for determining which persons hold policymaking positions. The Board shall advise and assist local agencies in establishing rules and regulations relating to possible conflicts between private interests and official duties. The Board shall establish rules and regulations relating to possible conflicts between private interests and official duties of present or former elected officials, political party officials and officers and employees.

The Board shall permit anyone required to file an annual statement to request an exemption from requirements to report items of information pertaining to his/her spouse or unemancipated children. The Board shall permit any person who is not holding a policymaking position but is otherwise required to file to request an exemption from filing, subject to the rules and regulations of the Board.

The Board shall determine whether any person required to file has failed to file or has filed a deficient statement or has revealed a possible violation in their statement.

Notwithstanding the provisions of Article 6 of the Public Officers Law, the only records of the Board which shall be available for public inspection are: (1) the information set forth in an annual statement of financial disclosure filed pursuant to law, except the categories of value or amount, which shall remain confidential, and any other item of information deleted pursuant to Subsection H of this section of this chapter, as the case may be; (2) notices of delinquency sent under § 16A-10(P)(1) of the North Hempstead Town Code; (3) notices of reasonable cause sent under § 16A-10(P)(3) of the North Hempstead Town Code; (4) notices of civil assessments imposed under this section.

Notwithstanding the provisions of Article 7 of the Public Officers Law, no meeting or proceeding of the Board of Ethics shall be open to the public, except if expressly provided otherwise by said Board.

The Board shall receive complaints alleging violations of the Code of Ethics and shall have the power to conduct any investigation necessary to carry out the provisions of this section. Pursuant to this power of investigation, the Board may administer oaths or affirmations, subpoena witnesses, compel their attendance and require the production of any books or records which it may deem relevant or material.

If the Board determines that a person has failed to file or has filed a deficient statement, it shall notify the person, in writing, stating said failure or deficiency, provide a 15 day period to cure and advise the person of penalties. The notice shall be confidential. If the person fails to cure within the 15 days, the Board will send another notice of delinquency to the person and to the Town Board. Said notice shall be confidential.

If the Board determines that the filed statement reveals a possible violation of the Code of Ethics or if the Board receives a sworn complaint alleging a violation or if the Board, on its own initiative, investigates a possible violation, the Board shall notify the reporting person, in writing, describing the possible or alleged violation and providing a 15 day period to respond in writing. If the Board determines that further inquiry is justified, it shall afford the reporting person the opportunity to be heard. The Board shall advise the reporting person of the rules regarding adjudication procedures and appeals available. If the Board determines at any state that there is no violation or that any conflict has been rectified, it shall so advise the reporting persons and the complainant, if any. All procedures herein shall be confidential.

If the Board determines that there is reasonable cause to believe a violation has occurred, it shall send a notice of reasonable cause to the reporting person, the complainant, if any, and the Town Board, if the reporting person is an officer or employee.

A reporting person who knowingly fails to file a financial disclosure statement or knowingly makes a false statement or gives false information on such statement or knowingly violates any other provision of this chapter shall be assessed a civil penalty in accordance with —Penalties for Offenses— section below. Assessment of the penalty shall be made by the Board.

A copy of any notice of delinquency or notice of reasonable cause sent pursuant to §§ 16A-10(P)(1) and 16A-10(P)(3) of the North Hempstead Town Code shall be included in the reporting person's file and be available for public inspection.

#### Penalties for Offenses

Any reporting individual who knowingly and willfully fails to file an annual statement of financial disclosure or who knowingly and willfully with intent to deceive makes a false statement or gives information which such individual knows to be false on such statement of financial disclosure filed pursuant to this Chapter 16A of the North Hempstead Town Code shall be assessed a civil penalty in an amount not to exceed \$10,000. Assessment of a civil penalty shall be made by the Board of Ethics with respect to persons subject to its jurisdiction. The Board of Ethics, acting pursuant to the law, may impose a civil penalty as aforesaid, and said Board may, in lieu of a civil penalty, refer a violation to the appropriate prosecutor. Upon such conviction, but only after such referral, such violation shall be punishable as a Class A misdemeanor.

A civil penalty for false filing may not be imposed hereunder in the event that a category of —value— or —amount— reported upon as required by Chapter 16A of the North Hempstead Town Code is incorrect unless such report information is falsely understated. Notwithstanding any other provision of law to the contrary, no other penalty, civil or criminal, may be imposed for a failure to file or for a false filing of such statement of financial disclosure, except that disciplinary action may be imposed as otherwise provided by law.

The Board of Ethics shall be deemed to be an agency within the meaning of Article 3 of the State Administrative Procedure Act and shall adopt rules governing the conduct of adjudicatory proceedings and appeals relating to the assessment of the civil penalties herein authorized. Such rules shall provide for due process procedural mechanisms substantially similar to those set forth in such Article 3, but such mechanisms need not be identical in terms of scope.

Assessment of a civil penalty shall be final unless modified, suspended or vacated within 30 days of imposition and, upon becoming final, shall be subject to review at the instance of the affected reporting individual in proceeding against the Board of Ethics pursuant to Article 78 of the Civil Practice Law and Rules.

#### Candidates for Town Elected Office

For the purposes of filing an annual statement of financial disclosure pursuant to § 16A-7C(5) of the North Hempstead Town Code:

- Candidates for Town of North Hempstead elected officials who file designating petitions for nomination at a primary election shall file such statement within 7 days after the last day allowed by law for the filing of designating petitions naming them as candidates for the next succeeding primary election.
- Candidates for independent nomination for Town of North Hempstead elected officials who have not been designated by a party to receive a nomination shall file such statement within 7 days after the last day allowed by law for the filing of independent nominating petitions naming them as candidates for local election official in the next succeeding general or special election.
- Candidates for Town of North Hempstead elected officials who receive the nomination of a party other than at a primary election, whether or not for an uncontested office, shall file such statement within 7 days after the date of the meeting of the party committee at which they are nominated.

As used in this section, the terms —party, —committee (when used in conjunction with the term —party) —designation, —primary, —primary election, —nomination, —independent nomination, —ballot and —uncontested office shall have the same meanings as those contained in § 1-104 of the Election Law.

Such statement shall be filed with the Board of Ethics.

The Board of Ethics shall obtain from the Board of Elections, as such term is defined in § 1-104 of the Election Law, lists of all candidates for local elected official, and from such lists, shall determine and publish lists of those candidates who have not, within 10 days after the required date for filing such statement, filed the statement required by this section.

### **USE OF TOWN VEHICLES**

Town of North Hempstead vehicles may be provided to certain eligible employees to use for Town-related business. Town vehicles are permitted to be used only for Town-related business and cannot be used for personal use, personal errands, or any other activities unrelated to Town business. A person who is not a Town employee may not be a passenger in a Town vehicle unless that person is accompanying a Town employee on Town-related business. Non-Town employees are prohibited from driving Town vehicles. Smoking in any Town vehicle is prohibited.

Any Town employee driving a Town vehicle must have a valid and active drivers license, and/or a valid and active Commercial Driver's License (—CDL) where required by law. Any person riding within a Town vehicle must abide by applicable New York State law, including the use of hands-free devices while talking on cell phones. Text messaging and related uses of handheld electronic devices are strictly prohibited.

All drivers must obey parking restrictions. Town vehicles are not exempt from parking restrictions. Violation of such parking restrictions sets a poor example for the public and makes it more difficult for Town parking code enforcement personnel to enforce parking restrictions.

If any employee detects a problem with a Town vehicle, the employee must report the problem to his/her supervisor as soon as is practicable. In addition, if any employee believes a Town vehicle is in need of repair and/or maintenance, the employee must fill out a lock out slip identifying the issue and notify his/her supervisor.

Payment of any and all tickets (including red light camera), traffic violations or other citations as a result of a driver's action are the responsibility of the individual employee driving the Town vehicle. Any employee who receives a ticket, traffic violation or other citation must report it to the Town upon receipt.

Any accident involving a Town vehicle, no matter how minor, must be immediately reported by the employee driving the vehicle to his/her supervisor.

### **DRUG AND ALCOHOL FREE WORKPLACE POLICY**

The Town of North Hempstead is committed to maintaining a work environment that is free from the effects of drugs and alcohol. The use of illegal drugs or alcohol by Town employees adversely affects the Town's ability to safely deliver services, impairs the efficiency of the Town's workforce, endangers the safety of Town employees and the public, and undermines the public's trust in the Town. The Town therefore adopts this Drug and Alcohol policy in order to establish and maintain a safe, healthy working environment for all Town employees, reduce injuries to persons and property, minimize absenteeism and tardiness, and to provide rehabilitation assistance for Town employees in need.

Town employees are prohibited from using, consuming, unlawfully possessing, selling or distributing alcohol, illegal drugs, or drug paraphernalia, and from being under the influence of or being impaired by alcohol or illegal drugs during on-duty time.

Employees who violate this policy may be subject to discipline, up to and including termination from employment.

**TOWN OF NORTH HEMPSTEAD'S DEPARTMENT OF  
TRANSPORTATION ("DOT") ALCOHOL & DRUG TESTING POLICY  
FOR EMPLOYEES PERFORMING JOBS THAT REQUIRE A  
COMMERCIAL DRIVERS LICENSE ("CDL") AND/OR ARE IN A  
"SAFETY-SENSITIVE POSITION"**

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**Town of North Hempstead's Department of Transportation  
(—DOTII) Alcohol & Drug Testing Policy for  
Employees Performing Jobs That Require a  
Commercial Drivers License (—CDLII) and/or are in  
a —Safety-Sensitive PositionII**

## **I. PURPOSE**

The purpose of this policy is to communicate the Town of North Hempstead's adherence to the U.S. Department of Transportation's Drug and Alcohol testing program for safety sensitive employee positions. This policy is based on the Town's commitment to maintaining a safe, healthful, and productive work environment for all employees and to ensure the safe and efficient delivery of services to the citizens of the Town of North Hempstead. This policy should serve as a means to educate employees of the risks of substance abuse and provide a deterrent to abuse through testing.

## **II. OBJECTIVES**

The objectives of this policy are:

To establish a procedure to achieve a drug-free work force and to provide a workplace that is free from any alcohol, illegal drugs and substance abuse.

To establish a procedure for drug and alcohol screening of applicants for Town of North Hempstead employment.

To establish a procedure for drug and alcohol screening of employees where there is a reasonable suspicion that an employee has illicit substances and/or alcohol in their system while on duty or in the scope of their employment with the Town.

To establish a procedure of random alcohol and drug screening for personnel positions that have a significant impact upon the public safety of themselves or others.

To establish a procedure that will allow employees the opportunity to seek help and advice if they experience an alcohol or substance abuse problem.

To adhere to all aspect of the controlled substance and alcohol testing rules in accordance with the requirements of Federal DOT regulations and laws (49 CFR, Part 40 and 49 CFR Part 382 and FTA requirements as defined by 49 CFR Part 655.



### III. POLICY

- A. All Town of North Hempstead employees who are required to have a commercial driver's license (CDL) and/or are in a safety-sensitive position (i.e. —covered employeesII) are subject to the controlled substance and alcohol testing rules in accordance with the requirements of Federal DOT regulations and laws (49 CFR, Part 40 and 49 CFR Part 382 and FTA requirements as defined by 49 CFR Part 655), of which a copy has been distributed to each Town location and is available on the Town's Finance Dept./HR intranet webpage. Safety-sensitive positions as outlined in the Town of North Hempstead/CSEA agreement dated 1/1/05-12/31/09 are as follows:

1. Automotive Mechanic
2. Automotive Servicer
3. Automotive Lead Mechanic
4. Automotive Mechanic Aide
5. Maintenance Welder

- B. Employees performing a —safety-sensitive functionII are subject to the controlled substance and alcohol testing rules in accordance with the requirements of federal law. Examples of safety-sensitive functions shall include but not be limited are as follows:

1. Employees waiting to be dispatched
2. Employees inspecting, servicing or conditioning any vehicle
3. All time spent operating a vehicle
4. All time repairing a vehicle

Employees are subject to testing during any period in which he is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.

- C. Drug and Alcohol tests will be performed in the following manner:

1. Drug Test- 5-panel drug urine test
  - AMPHETAMINES
  - COCAINE
  - MARIJUANA
  - PHENCYCLIDINE
  - OPIATES
2. Alcohol Test- Breath test

- D. All covered employees will be given the following materials:

1. Town of North Hempstead's Employee Anti-Drug Training Manual
2. Town of North Hempstead's Employee Anti-Alcohol Training Manual.

3. Access to 49 CFR, Part 40 and 49 CFR Part 382 and FTA requirements as defined by 49 CFR Part 655 through a written copy at their work location and on the Town's intranet Finance/HR Department website.

All covered employees who have any questions regarding this policy or any materials received should contact the Town's DER directly.

Employees may also obtain more information from the Office of Drug and Alcohol Policy on the web at: <http://www.dot.gov/ost/dapc> and by viewing the NYSDOT Employee handbook at: [http://www.dot.gov/ost/dapc/testingpubs/Employee\\_handbook\\_200801.pdf](http://www.dot.gov/ost/dapc/testingpubs/Employee_handbook_200801.pdf)

- E. The Designated Employer Representative (DER) is the Dept. of Finance Commissioner Bob Weitzner and/or his/her designee. The DER serves as the key employee for many drug and alcohol program functions. The DER must be a Town employee. The primary job of the DER is to ensure the appropriate and timely removal of an employee from safety-sensitive duties, or cause employees to be removed from these covered duties, and to make required decisions in the testing and evaluation process consistent with applicable laws, rules, and regulations.

The DER gets test results from the Medical Review Officer (MRO) and Breath Alcohol Technician (BAT) and takes immediate action to remove employees from their safety-sensitive duties when they violate drug and alcohol testing rules, such as a confirmed positive test or refusing a test.

The Town may have more than one DER to ensure adequate coverage on all shifts and at all locations. The DER should have knowledge of and authority to make decisions about the testing process and answer questions about it.

#### **IV. PROHIBITED ALCOHOL AND CONTROLLED SUBSTANCE-RELATED CONDUCT**

The following activities are prohibited:

- A. Being on duty and/or operating a commercial motor vehicle (CMV) while possessing, using, or being under the influence of alcohol or any illicit drug unless the possession of alcohol is manifested and transported as part of a shipment.
- B. When required to take a post-accident test, using alcohol within eight (8) hours following the accident or prior to undergoing a post-accident alcohol test, whichever comes first.
- C. Refusing to submit to an alcohol or controlled substance tests required by post-accident, random, reasonable suspicion, or follow-up testing requirement.
- D. Reporting for duty or remaining on duty, if the driver tests positive for alcohol or a controlled substance.

- E. Being on duty performing a job that requires a commercial driver license (CDL) within four (4) hours of using alcohol.

## V. TYPES OF TESTING

### A. Pre-Employment

As a new hire, a covered employee is required to submit to a drug test. Only after the Town receives a negative drug test result may you begin performing safety-sensitive functions. This also applies if you are a current employee transferring from a non-safety-sensitive function into a safety-sensitive position.

### B. Random Testing Procedures

1. All covered employees are subject to random drug testing under Federal Law. Refer to 49 CFR, Part 40.
2. Unannounced alcohol and controlled substance tests shall be performed at least quarterly throughout each calendar year.
3. Covered employees shall be selected by a computerized valid random process, and each covered employee shall have an equal chance of being tested each time selections are made.
4. Covered employee will be notified of their selection through the Town's DER or his/her designee by their department supervisors and will be directed to report to the collection site immediately. In the event an employee is on vacation or on medical leave, the Town will keep the original selection of him/her confidential until the employee returns to work. The employee will then be instructed to take a drug & alcohol test at an approved lab.
5. Under most circumstances only Department Head/Supervisors should be contacted with names of those employees to be randomly tested.
6. Covered employees may request a split test at the time of a verified positive test result from the MRO within 72 hours of being notified of such results by the MRO. The covered employee shall be required to reimburse the Town for the cost of said test if it confirms the original positive finding.
7. Specimen Dilutes: A dilute specimen is a specimen with creatinine and specific gravity values that are lower than expected for human urine. If the test is reported as a **dilute positive**, the test should be treated as a verified positive test result. If the test is reported as a **negative dilute**, The Town will direct the employee to take another test. The retest must not be conducted under direct observation, unless otherwise instructed by the MRO. Since federal regulations give discretion in this manner, The Town has established the policy that retests will be required for negative dilutes. The second test will be considered the test of record. All employees must be treated the same for this purpose and must be informed in advance of the policy. Questions should be directed to the MRO or the Town's DER.

8. Town must update Covered Employee List and send to the Town contracted testing company when activating, re-activating or de-activating an employee. The DER must sign a letter with any changes being made to the list. An authorized Town employee may also make changes via the e-drug online site.

#### C. Reasonable Suspicion/Cause

Covered employees are required to submit to any test that a supervisor requests based on reasonable suspicion. Reasonable suspicion means that one or more trained supervisors reasonably believes or suspects that you are under the influence of alcohol or drugs. They cannot require testing based on a hunch or guess alone. Their suspicion must be based on specific, contemporaneous, articulable observations concerning your appearance, behavior, speech and/or smell that are usually associated with alcohol or drug use. Such observations may include indications of the chronic and withdrawal effects of drugs.

#### D. Post Accident Testing

1. Post accident testing shall be conducted as soon as practicable following an accident involving a covered employee. The Town of North Hempstead shall test for alcohol and controlled substances on each surviving employee when either:
  - a) There is an accident. An accident is defined as an incident involving a vehicle in which there is either a fatality, an injury to the employee or to another, or causes significant property damage or involves other unusual circumstances.
  - b) There is an accident in which one or more motor vehicles are towed from the scene or in which someone is treated medically away from the scene; **and** a citation is issued to the CMV driver under state or local law for a moving traffic violation.
2. The employee subject to post-accident testing must refrain from consuming alcohol for eight (8) hours following the accident or until her/she submits to an alcohol test, whichever comes first. The employee must remain available for testing for eight (8) hours following the accident, and if he/she does not, his/her lack of availability will be considered a refusal to take the test.
3. When an alcohol or controlled substance test has not been administered within a reasonable time frame following the accident, the following actions shall be taken:
  - a) If the an alcohol test has not been administered to the employee within two (2) hours, The Town shall prepare and maintain on file a record stating the reason the test was not promptly administered.

- b) If an alcohol test has not been administered to the employee after eight (8) hours of the accident, the Town shall cease attempts to administer the alcohol test, and documentation stating why the test was not promptly administered shall be prepared and maintained as described above.
- c) If the employee has not submitted to a controlled substance test with thirty two (32) hours of the accident, the Town shall cease attempts to administer the test and shall prepare and maintain documentation stating why the test was not promptly administered.

#### E. Return to Duty/Follow-up Testing

If a substance abuse professional determines that a driver is in need of assistance in resolving problems associated with alcohol misuse and/or the use of controlled substances, the driver is subject to unannounced follow-up alcohol and/or controlled substance testing as directed by the district's employee assistance program. Follow-up alcohol testing shall only be conducted when the driver is performing safety-sensitive functions, just before the driver is to perform safety-sensitive functions or just after the driver has performed safety-sensitive functions. Follow-up drug testing shall be randomly conducted.

Before the driver is returned to safety-sensitive duties, if at all, the district must insure that the employee:

- 1. Has been evaluated by a substance abuse professional;
- 2. Has complied with any recommended treatment;
- 3. Has taken an observed return-to-duty drug and alcohol test with a result indicating an alcohol concentration level of less than 0.02;
- 4. Is subject to unannounced follow-up observed drug and alcohol tests. The number and frequency of such follow-up testing will be as directed by the substance abuse professional and shall consist of at least six tests in the first twelve months following the driver's return to duty.

## **VI. BEHAVIOR THAT CONSTITUTES A REFUSAL TO SUBMIT TO A TEST**

Any action below will be deemed an offense:

- A. Refusal to submit to a test
- B. Inability to provide sufficient quantities of breath, saliva, or urine to be tested without a valid medical explanation as determined by the MRO
- C. Substituting, diluting, or adulterating or attempting to substitute, dilute, or adulterate the specimen
- D. Not reporting to the collection site in a timely manner as directed.
- E. Failing to remain at the collection site until the collection process is complete.
- F. Any covered employee's failure to contact the Town's SAP or EAP or Medical Review Officer at the required times.

- G. Having a test result reported by an MRO as adulterated or substituted.

## **VII. REMOVAL FROM SERVICE**

- A. If an employee tests positive with an alcohol concentration of 0.04 or greater, refuses a test, or violates DOT drug & alcohol rules, the DER shall immediately remove the employee from the safety-sensitive duties.
- B. If an employee tests positive with an alcohol concentration greater than 0.02 but less than 0.04, the employee shall not perform or continue to perform their safety-sensitive functions until 24 hours following the administration of the test.
- C. Alcohol concentration results of less than 0.02 are considered negative for the purposes of the employer testing program and no action shall be taken.

## **VIII. CONSEQUENCES TO EMPLOYEE**

Any covered employee who has a verified positive controlled substance test result, or has an alcohol concentration of 0.04 or greater will be deemed to have committed an offense. Covered employees must be removed from service immediately after they violate alcohol and drug testing rules. If an employee is determined by the Town to have violated this policy, they may be subject to disciplinary action up to and including termination from employment, subject to applicable laws, rules, regulations, and any applicable collective bargaining agreement provisions.

Covered employees who have been determined by the Town to have violated this policy shall be subject to the following:

1. Covered employee shall be referred to an SAP (substance abuse professional) and/or an EAP (employee assistance program) who will serve as an adviser and make necessary recommendations to the employee and the Town regarding rehabilitation and follow up.
2. Covered employee shall be reinstated to employee's former duties upon satisfactory completion of any required rehabilitation and the completion of a negative return-to-duty test and approval of a follow up testing plan submitted by the SAP.
3. The plan submitted by the SAP shall determine the necessary unannounced follow up testing. Covered employees testing positive will be subject to unannounced follow-up testing at least 6 times in the first 12 months following return to work in your covered position and any additional follow-up testing as maybe required in accordance with applicable law, rules and regulations.

## **IX. SELF REPORTING**

- A. All employees subject to this policy/procedure who are concerned about their own misuse of controlled substances or alcohol are encouraged to contact the Town's employee assistance program for information. The Town is committed to educating its drivers regarding the risks and dangers of using alcohol and illegal drugs. Drivers will be provided with information concerning:
1. the effects of drugs and alcohol on an individual's health, work, and personal life.
  2. the signs and symptoms of a drug or alcohol problem.
  3. the available methods of intervention and treatment when a problem does exist. The Town will also periodically publicize the availability of assistance programs. Drivers with a drug and/or alcohol problem are encouraged to contact an assistance program in confidence.
- B. Such employees who come forward voluntarily for assistance with controlled substance use or alcohol misuse prior to being asked to take a test pursuant to this policy, shall not be subject to termination from the Town merely for disclosing their need for assistance. However, if the employee tests positive for drugs and/or alcohol, the employee shall be removed from performing safety-sensitive functions immediately, and shall not be allowed to return to a safety-sensitive function until he has been evaluated by the Town's EAP substance abuse professional, has complied with any treatment plan recommended by the EAP substance abuse professional and a determination has been made by the EAP substance abuse professional that the driver may return to safety-sensitive functions. This requirement is independent of any decision by the Town whether to terminate or otherwise discipline the employee for a positive test result.

## **X. REINSTATEMENT**

- A. If an employee obtains a positive test result for drugs and/or alcohol, the Town of North Hempstead shall not permit the employee to return to their safety-sensitive duties until:
1. Employee undergoes an evaluation by a SAP
  2. Successfully completes any education, counseling and/or treatment prescribed by the SAP.
  3. Provides a negative test result for drug if the employee had tested positive for drugs or a breath alcohol level of less than 0.02 if the employee had tested positive for alcohol.

Town of North Hempstead's Department of Transportation (DOT)  
**Alcohol & Drug Testing Policy**  
for Employees Performing Jobs That Require a CDL (Commercial Drivers  
License) and/or are in a —Safety-Sensitive Position  
Acknowledgement Form

I hereby acknowledge that I have received and read a copy of the Town of North Hempstead's Department of Transportation (DOT) Alcohol & Drug Testing Policy for Employees Performing Jobs That Require a CDL (Commercial Drivers License) and/or are in a —Safety-Sensitive Position, and that I understand its contents. I understand that I may be subject to alcohol and/or drug testing in accordance with this policy. I am further aware that a violation of this Policy may subject me to disciplinary action, up to and including termination from employment.

---

Employee Signature

---

Employee Name (Please Print)

---

Date

---

Department



## **CATASTROPHIC LEAVE BANK PROGRAM POLICY**

### **1. Purpose**

This policy establishes a catastrophic leave bank program to be administered by a designated catastrophic leave bank committee. The catastrophic leave bank program policy is not intended to create any expectation or promise of continued employment with the Town of North Hempstead, and is intended solely to assist eligible employees during catastrophic medical emergencies as defined herein. The catastrophic leave program policy shall not be construed to extend any employment beyond the time such employment might otherwise terminate, or be eligible for termination, by operation of law, rule, regulation, nor shall it prohibit or restrain the exercise of managerial discretion to terminate such employment pursuant to law, rule or regulation.

### **2. Eligibility Requirements for Catastrophic Leave**

- A. A candidate for catastrophic leave benefits (hereinafter —benefits) must be a full-time permanent employee of the Town of North Hempstead with a minimum of one year of uninterrupted employment prior to application for such benefits. Part-time or seasonal employees are not eligible to participate as a donor or recipient in the catastrophic leave bank program.
- B. A candidate for benefits must have exhausted all sick, vacation, personal and compensatory time prior to eligibility for benefits.
- C. If the catastrophic medical emergency arises from an employment-related injury or illness, the compensation received by the employee from the catastrophic leave bank, together with the compensation received from workers compensation, if any, shall not exceed the compensation received by the employee at the onset of the illness or injury.
- D. No employee shall be eligible for catastrophic leave benefits for a period in excess of six (6) months without re-evaluation by the Leave Bank Committee.
- E. In no case shall the employee be granted catastrophic leave beyond the date certified by a physician as the date when the employee is able to return to work.
- F. No employee shall be approved for catastrophic leave benefits unless that employee has provided acceptable medical certification from a treating physician supporting the continued absence and setting forth that the employee is, and will continue to be, unable to perform any of the functions or responsibilities of his/her job, even on a restricted or light-duty basis, due to the catastrophic injury.
- G. Catastrophic leave benefits shall be awarded by the Supervisor, acting upon recommendation of the Leave Bank Committee. In rendering his determination, the Supervisor may also consider as an additional factor whether the employee had been disciplined for leave abuse during the two (2) years preceding the onset of illness or injury.

- H. Eligibility for catastrophic leave benefits is expressly contingent upon the availability of a sufficient balance in the Catastrophic Leave Bank.

- I. For purposes of this program, the following definitions apply:

Catastrophic Leave Bank means a pool of accrued vacation and sick leave voluntarily donated by employees which may be approved for use by employees who meet catastrophic illness/injury eligibility requirements.

Catastrophic Injury or Illness means a medical condition of an employee, as certified by a treating physician, that requires an employee's absence from duty for a prolonged period of time and which, except for the catastrophic leave program, would result in a substantial loss of income to the employee because of the exhaustion of all earned sick, personal, vacation and compensatory leave.

Prolonged Period of time means a continuous period of time (minimum of fifty working days) whereby a medical condition prevents the employee from performing any of the functions or responsibilities of his/her job even on a restricted or light-duty basis.

Medical Condition means a personal emergency limited to catastrophic and debilitating medical situations, severely complicated disabilities and/or severe accidents of the employee which cause the employee to be unable to perform any of the functions or responsibilities of his/her job, even on a restricted or light-duty basis, require a prolonged period of recuperation, and require the employee's absence from duty as documented by a treating physician .

Substantial Loss of Income means the loss of income to an employee suffering from a catastrophic injury or illness and who has exhausted all vacation, sick and compensatory time.

- J. An employee receiving catastrophic leave benefits shall not accrue sick, vacation or personal leave during the period of receipt of such benefits.
- K. Applications will be considered for catastrophic illnesses or injuries that occurred during the calendar year.

### **3. Donations to the Catastrophic Leave Bank**

- A. Full time employees may donate up to two sick days and two vacation days to the Leave Bank per year.
- B. To be eligible as a sick day donor, the potential donor must have a balance of 15 sick days remaining after the acceptance by the Leave Bank of the proposed sick day donation.
- C. To be eligible as a vacation day donor, the potential donor must have a balance of 7 vacation days remaining after the acceptance by the Leave Bank of the proposed vacation day donation.
- D. Donations to the Leave Bank are irrevocable.

- E. Donations to the Leave Bank are made expressly to the Leave Bank. Donors may not designate recipients of the donated leave.
- F. Donations to the Leave Bank shall be credited to the Bank at the Donor's rate of pay and shall be withdrawn at the donee's rate of pay.
- G. Applications for donations shall be completed on a form supplied by and returned to the Department of Finance. The Department of Finance shall determine donor eligibility, shall approve or disapprove of said donations in accordance with the criteria herein, shall credit the Leave Bank accordingly, and shall make the appropriate adjustments to the donor's accumulated leave totals.

#### **4. Leave Bank Committee**

- A. The Leave Bank Committee shall be the Labor Management Committee.
- B. The function of the Leave Bank Committee shall be to evaluate applications for catastrophic leave against the criteria contained herein, and to advise the Supervisor whether, in the Committees' opinion, the application meets the criteria. The Leave Bank Committee need not meet to consider the application, and may vote on its recommendation by conference call or other means. A split vote is the equivalent of a negative recommendation.
- C. Applications for catastrophic leave shall be reviewed on a first filed, first reviewed basis. Approval does not guarantee that a catastrophic leave applicant will receive leave should there be an insufficient balance in the Leave Bank.
- D. The Supervisor's determination shall be final and binding upon all parties.
- E. Catastrophic leave which would result in a negative balance in the Leave Bank may not be approved.
- F. In the event that an employee on catastrophic leave is terminated, dies, retires or returns to work prior to expiration of previously approved catastrophic leave time, all unused catastrophic leave shall be returned to the Leave Bank.

#### **5. Prohibition of Coercion**

No employee shall, directly or indirectly, be threatened, coerced, or intimidated by another employee or group of employees with respect to donating, receiving or using catastrophic, vacation or sick leave. Any report of such described instances shall be reported in writing to the Commissioner of Finance and investigated thoroughly. Appropriate disciplinary action may be taken for any substantial violation.

**TOWN OF NORTH HEMPSTEAD CATASTROPHIC LEAVE BANK PROGRAM  
APPLICATION FOR CATASTROPHIC LEAVE**

**PART I – To be completed by employee.**

Name

Employee ID

Department

Work Address

(City)

(State)

(Zip)

Work Phone

I hereby request catastrophic leave for the following period: \_\_\_\_\_ to  
\_\_\_\_\_

I have received, read, and understand the Town of North Hempstead Catastrophic Leave Bank Program Policy. I understand that my application for catastrophic leave will be evaluated in accordance with the terms set forth therein. I further understand that any catastrophic leave benefits I may be granted as a result of this application will be governed by the terms of the Catastrophic Leave Bank Program Policy.

Employee Signature

Date

**PART II – To be completed by the Catastrophic Leave Bank Committee.**

After evaluating the above-named employee's application for catastrophic leave in accordance with the terms of the Catastrophic Leave Bank Program Policy, the Catastrophic Leave Bank Committee makes the following determination:

\_\_\_\_\_ RECOMMENDS to the Town Supervisor that the above-named employee's application be granted.

\_\_\_\_\_ DOES NOT RECOMMEND to the Town Supervisor that the above-named employee's application be granted for the following reasons:

Notes

;

Catastrophic Leave Bank Committee

Date

**PART III – To be completed by the Town Supervisor.**

The above-named employee's application for catastrophic leave is: APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

Town Supervisor, Town of North Hempstead

Date

**TOWN OF NORTH HEMPSTEAD CATASTROPHIC LEAVE BANK PROGRAM  
DONATION APPLICATION**

**Part I – To be completed by employee.**

Name: \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Department: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Work Address: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_  
\_\_\_\_\_

Donations must be made in day increments. Classified employees donating vacation leave must have at least 7 days accrued vacation leave after the donation is made. Classified and unclassified employees donating sick leave must have at least 15 days accrued sick leave after the donation is made, unless donating at the time of separation from service.

Please indicate the type and amount of leave to be donated:

Vacation Leave Days Donated: \_\_\_\_\_ (Maximum 2) Accrual deducted \_\_\_\_\_  
Finance Dept. Initial & Date \_\_\_\_\_  
Sick Leave Days Donated: \_\_\_\_\_ (Maximum 2) Accrual deducted \_\_\_\_\_  
Finance Dept. Initial & Date \_\_\_\_\_

I understand that my donation is voluntary and confidential. I understand that my leave balance will be decreased by the amount contributed, and that my contribution will not affect my eligibility for sick time buy back. Contributions to the Catastrophic Leave Bank can be made anytime during the year assuming qualifying criteria is met. I have received and read the Town Catastrophic Leave Policy.

\_\_\_\_\_  
Employee Signature Date

**Part II - To be completed by Finance/ Human Resources.**

Will the above-named employee's vacation leave balance be below 7 days if the above-mentioned number of vacation days are donated? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the above-named employee's sick leave balance be below 15 days if the above-mentioned number of sick days are donated? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the donating employee separating from service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, circle whether terminating, resigning or retiring?

If yes, will the employee be compensated for sick time? Yes \_\_\_\_\_ No \_\_\_\_\_

Date leave days deducted from employee timesheet \_\_\_\_\_

\_\_\_\_\_  
Commissioner of Finance Signature Date

**Part III - To be completed by the Finance/ Human Resources and verified by the Comptroller's Office.**

The donating employee's daily rate is \_\_\_\_\_ X number of days donated \_\_\_\_\_ = \$ \_\_\_\_\_

\_\_\_\_\_  
Commissioner of Finance Signature Date Comptroller Signature Date

## **COMPUTER AND TELECOMMUNICATION SYSTEMS USAGE POLICY**

### **I. Overview**

This Computer and Telecommunication Usage Policy sets forth the policies of the Town of North Hempstead with regard to its computers, telecommunications network, and data communications network (including access to and review or disclosure of electronic files and electronic mail (—e-mail)) transmitted through or stored on any part of the Town computer system), and the proper use of e-mail and the Internet.

This policy applies to all employees and any other person authorized to use the Town's computer and communications systems, whether on a permanent or temporary basis (—Authorized User). Employees and Authorized Users are required to sign the acknowledgment set forth at the end of this Policy in order to be given access, or allowed continued access, to the Town's computer system.

The Town provides a wide variety of computer and networking services for its employees and contractors. As an authorized user of the Town's Department of Information Technology and Telecommunications facilities, you are expected to use that authorization in a professional and responsible manner. It is each user's responsibility to be familiar with and abide by the provisions set forth in this policy.

The Town's computer system includes the following:

- Servers (File, Print, E-Mail, Etc)
- Desktop Computers
- Laptop Computers
- PDA's
- Removable Storage Media (CD's, DVD's, Floppy's, Memory Keys, etc.)
- Data Communication Facilities (Modems, Switches, Routers, etc.)
- Printers
- Scanners
- Copiers
- Fax Machines

The Town's telecommunications system includes the following:

- Telephone System
- POTS and Centrex Lines
- Cell Phones & Blackberry's
- Audio and Video Conferencing Facilities
- Communications Lines (T1, ISDN, Cable, etc.)
- Voice Mail Facilities

All hardware and software are the property of the Town. This includes any and all records, files, and electronic communications contained in these systems.

## **II. Access to System Resources**

### **A. Hardware / Software Installation**

Employees and Authorized Users are prohibited from doing the following:

- Making Hardware Modifications
- Using Hardware brought in from outside of the Town (including personal computers)
- Installing any software onto a Town computer
- Disabling the Anti-Virus software

Unauthorized equipment will be disconnected and barred from the Town's network without warning. However, if unauthorized equipment or software is required to be used for a valid business reason, the employee or Authorized User must get written approval from the Information Technology Manager or Network Administrator. At that time, an authorized agent of the IT Department (—ITII) will perform the installation.

Virus checking software is installed on all Town computers. The anti-virus software must always be running on your computer and cannot be disabled at any time. All data from external sources must be subjected to analysis of the antivirus software.

## **III. Computer Log-off**

IT periodically performs off-hours maintenance on Town computers. Employees and Authorized Users must abide by the following log-off procedures:

### **A. Desktop Computers**

Desktop computer users must leave their computers running at all times. Users must close out of all programs and log-off the computers at the end of each day. Do not turn off desktop computers.

### **B. Laptop Computers**

Laptop users should shut down and power off their computers at the end of each day. Laptop users should place their computers in a secure location at the end of each day.

### **C. Contractors / Consultants**

The Town will provide all contractors and consultants requiring access to the Town's network with the necessary equipment for such access. Once access is no longer required and/or upon the termination of the contract, all Town owned equipment must be returned to the IT Department. IT must be notified before the start of any contractor or consultant of the requirements for their access using the Town's Network User Request Form. This form can be obtained from the IT Department.

## **IV. Computer and Telecommunications Systems Usage**

Use of the Town's computer network and other IT resources is provided to Employees and Authorized Users at the Town's expense to assist them in carrying out Town business. The computer network and files are to be accessed only by employees and authorized users who need to use programs, files and network resources to perform their job responsibilities in connection with their employment with the Town of North Hempstead.

The Town's computer system is to be used primarily for job-related purposes, although limited personal use of these systems is authorized, provided it does not interfere with the employee's or authorized user's work or the business of the Town.

The Town's telecommunications system, including cellular telephones and Blackberry's, is to be used primarily for job-related purposes, although limited personal use of these systems is authorized, provided it does not interfere with the employee's or authorized user's work or the business of the Town or cause the user to exceed the allotted minutes included in a monthly plan. Minutes usage will be reviewed by the Town's DOITT to ensure that the monthly plan allotment is set at a level necessary for the employee or authorized user to perform his/her job or work for the Town, and to ensure this level has not been inflated to cover personal minutes usage.

International calls shall not be made without your supervisor's prior written permission.

Directory assistance calls made from both land line and cellular telephones should only be made when necessary for Town business.

The IT Department distributes monthly telephone usage reports listing all local and long distance telephone calls. These reports will be used to screen for questionable telephone use. If questionable calls are noted, the department will investigate such calls and take necessary corrective action if necessary. Where it has not already been done, a specific individual in the department should be assigned responsibility for coordinating the review of telephone usage reports. Proper use of the system depends upon the efforts made at the departmental level.

The Town reserves the unlimited right to monitor, access, review, copy, or delete any message, file, or document on the Town's computer and/or telecommunications systems, including Internet access and matter stored on individual computers, cellular telephones, PDAs, Blackberry's and related media without notice. Employees and Authorized Users may not take any steps to prevent the Town from obtaining such access, such as changing passwords or manipulating computer programs. Routine use of —delete|| or —trash|| options is permitted, but employees should be aware that these options do not necessarily preclude access to the deleted material.

All employees are required to sign the Town's computer and telecommunications system —Electronic Communication Employee Access Acknowledgment Form.||

## **V. Prohibited Usage of the Town's Computer and Telecommunications Systems**

The Town's computer and telecommunications systems are not to be used for economic enterprises other than the Town's, or in any way that is inconsistent with the Town's interests or the law. Use of these systems in such a way as to infringe copyrights is strictly prohibited. Employees and Authorized Users are also prohibited from sending messages (including e-mail, text messages, voice mail messages, etc.) in such a way that they appear to have originated with someone else.



The Town's computer and telecommunications systems may not be used to create, transmit, or receive any offensive or disruptive messages. Among those that are considered offensive are any messages that contain sexual implications or jokes; messages that comment offensively on a person's race, sex, age, sexual orientation, national origin, disability, religion or any other status protected by law; messages that defame others; and messages that invade a person's privacy.

## **VI. Use of Cellular Telephones and Blackberry's**

Except as provided below, cellular telephones and Blackberry's may not be used while the speaker/writer is driving a motor vehicle, and Town business may not be conducted on a cellular telephone or Blackberry while the speaker/writer is driving a motor vehicle. If it is necessary to have a telephone/e-mail conversation while the speaker is driving, the driver should first pull over to a parking lot or to a shoulder that permits safe re-entry onto the road. A personal telephone/e-mail conversation may not take place while an employee is driving on Town business, even if the cellular phone or Blackberry being used is not owned by the Town.

Employees may receive work-related calls while they are driving, only if they are using a hands-free apparatus. If the call lasts for more than one (1) minute, the driver should pull over to a parking lot or to a shoulder that permits safe reentry onto the road.

All users of Town-owned cellular telephones and Blackberry's, and all users of private cellular telephones and Blackberry's being used for Town business, must comply with all federal, state, and local regulations at all times.

Employees assigned cell phones, Blackberry's, radios and pagers by the Town are expected to respond to incoming calls, e-mails, pages, etc. You must carry this equipment with you as your job duties and your supervisor may require. Phone calls and emails are prohibited from being forwarded to personal phones or computers.

## **VII. Computer Network User Accounts and Passwords**

Security on the Town's computer system is a top priority. Employees and Authorized Users must use a unique user ID and password to protect against unauthorized access to files on which they are working. (Note that individual passwords do not prevent authorized Town representatives from accessing those files). You are responsible for any information transmitted through the Town's network under your user-login.

All user accounts will consist of last name and first initial. For example, John Smith's user account would be —smithjll. In the event that two (2) users have the same first initial and last name, the IT Department, which assigns user IDs, will provide one (1) of the users with a numerical suffix. Therefore, if there are two (2) users named John Smith, one would have the user account —smithjll and the other would have the user account —smithj2ll.

Each user will be given a temporary password to be used the first time the user accesses the Town's computer network. This password must be changed after the user logs onto the Town's network for the first time. Thereafter, users are required to change their passwords every sixty (60) days. It is important that a user creates a strong password that cannot be easily guessed by another user. When changing a password, users cannot reuse previous passwords; the Town's system remembers the last three (3) passwords each user has used. Passwords are case sensitive.

Strong passwords have the following characteristics:

- contain both upper and lower case characters (e.g., a-z, A-Z);
- have digits and punctuation characters as well as letters (e.g., 0-9, !@#\$%^&\*()\_+|~-
- =\{}[]:~<>?,./);
- are at least eight (8) alphanumeric characters long;
- are not actual words in any language, slang, dialect, jargon, etc.;
- are not based on personal information, names of family, birthdays, etc.

Users must not use the same password for multiple system logins, and must have a separate, unique password for every system that you access on the Town's network. Users must never disclose personal or system passwords to anyone other than authorized Town representatives, (i.e., the IT Department). Passwords should be memorized and/or kept on your person or locked up. Passwords should not be kept in a desk drawer, and should not be taped somewhere on or near a computer. Do not use the —Remember Passwordll feature of any application.

If a user believes that someone knows one of his/her passwords, that user should change the password and contact the IT Department. Users should contact the IT Department immediately if they think there is a security problem on the Town's network or on their individual computer, Do not demonstrate the problem to other users. Users are never permitted to use another user's account without express permission of that account holder. Any attempt to log on to the network as a system administrator may result in cancellation of user privileges and/or discipline. Any employee or authorized user identified as a security risk may be denied access to the network.

## **VIII. Confidential Information**

All Town information should be treated as confidential information. Employees and Authorized Users must exercise a greater degree of caution in transmitting Town information that exists in electronic form, including customer-related information, on the computer network. Confidential information should never be transmitted or forwarded to individuals inside or outside the Town or to companies who are not authorized to receive such information. Employees and Authorized Users are expected to use care in addressing messages (including e-mails, facsimiles, voice mail messages, and text messages) to make sure that such messages are not inadvertently sent to an unauthorized user or entity either inside or outside the Town.

Individuals using distribution lists should take measures to ensure that the lists are current. Do not forward messages containing confidential information to multiple parties unless there is a clear business need. When transmitting confidential information to persons outside the Town, the following statement must be included: —The information contained in this e-mail communication contains confidential information. The information is intended for the personal and confidential use of the recipient named above. If the reader of this message is not the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, distribution, or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, and return the original message to us by mail at our cost. Thank you. ll

Confidential information must not be displayed on a user's computer when the computer is left unattended. When computers are left unattended, they must be set to —locked ll status with the password protected screen saver on, until the user returns. Diskettes, CD's, or other removable media that contains confidential Town information must not be left open to access by unauthorized persons, and should be kept in locked in drawers or file cabinets.

Extra precautions must be exercised when taking confidential information out of the office in a laptop computer or PDA-type device. Users must never leave laptop computers or portable devices that contain confidential information unattended while traveling. Caution should be used with Infrared transmitters on laptops and PDA's so that information is not accidentally passed to a nearby laptop computer or other handheld device.

## **IX. Viewing and Protecting Electronic Information in Public**

When viewing e-mail using the Internet Webmail interface, especially on public computers, users should be aware of their surroundings so that others are not able to read messages or other information displayed on the computer screen. Users must not save passwords and must not permit the computer to automatically insert user IDs or passwords. Attachments or documents should not be saved on a public computer. Users should make sure they press the —log off ll button before they exit the Webmail program, and exit the Webmail browser before they leave the computer.

When retrieving voice mail messages, whether in a Town office or in a public place, users should not use a speakerphone. Users must be aware of their surroundings so that others are not able to listen to voice mail messages.

## **X. Copyrighted Information**

Use of the computer system to copy and/or transmit any software programs, documents, or other information protected by the copyright laws is prohibited by law and may subject you and the Town to civil and criminal penalties. Never copy software of any kind, including programs existing on the network, without prior written approval of the IT Department. Never accept copies of any software programs from other employees or persons outside of the Town, or download information from the Internet without prior written approval of the IT Department. This includes, but is not limited to, screen savers, games, personal Finance/Personnel software and income tax software, and any type of software used in your daily work.

## **XI. E-mail and Internet Guidelines**

The Town considers e-mail to be an important means of communication and recognizes the importance of proper e-mail content and speedy replies in conveying a professional image and delivering good service to Town residents.

Use of the computer network to engage in any communications that are in violation of town policies, including, but not limited to, transmission of comments or jokes that are discriminatory, defamatory, obscene, indecent, offensive or harassing, or transmission of messages that disclose personal information about others without authorization, is strictly prohibited. E-mail users should use their discretion and common sense in sending e-mails. If you have any reservation whatsoever concerning the appropriateness of a message, you should refrain from sending it. Please note that your e-mail messages may be read by someone other than the intended recipient(s). Some messages may, at some point, require disclosure to outside parties or to a court in connection with litigation.

The following general guidelines should be followed:

- All e-mail messages should be courteous and professional.
- The Town of North Hempstead's e-mail style is informal. This means that sentences can be short and to the point. You can start your e-mail with —Hi,|| or —Dear,|| and the name of the person. Messages can be ended with —Best Regards.|| The use of Internet abbreviations and characters such as smiley faces —:-)|| is not encouraged.
- E-mail signatures must include your name, job title and the Town of North Hempstead. E-mail signatures should also include your office address, telephone number and company name. If the e-mail discloses confidential information, the confidentiality disclaimer written above must be included below your e-mail signature.
- Users should spell check all e-mails prior to transmission.
- Do not send unnecessary attachments. Compress attachments larger than 200K before sending them. Contact the IT Department for instructions on how to compress files.
- Use your discretion in assigning priority status to the e-mails you send. Only mark emails as important if they really are important.
- Specify a descriptive subject for your message. This allows the recipient to quickly browse through e-mails by the message subject. Often messages without a subject line will contain a virus and should not be opened.
- Cover one subject per message. This facilitates replying, forwarding, and storage of the message.
- Posting an e-mail message intended to insult and provoke, otherwise known as —flaming||, is prohibited.
- Be polite.
- Use appropriate language. Do not swear or use vulgarities or any other inappropriate language.
- Use sentence case. MESSAGES IN ALL CAPS HAVE THE EFFECT OF SHOUTING!
- Use caution when sending —joking|| or humorous messages. Intended sarcasm can be lost without facial expressions or voice intonations.
- Use discretion when sending personal or private information about yourself through email.

- Despite precautions, messages could be forwarded to unintended recipients, or viewed over an intended recipient's shoulder. Employees should be cautious about downloading information from e-mails or the internet, to avoid infecting the Town's systems with computer viruses. If you have a question about whether an e-mail can be safely opened, or whether other information can be safely downloaded, please consult with the IT Department.

These guidelines apply equally to Internet communications. In addition, it is generally recommended that you do not reveal your home address or home phone number or other personal identifying information over the Internet. Credit card information should only be provided over the Internet on secure sites.

When expressing your personal opinion or an opinion that is not officially supported by the Town over the Internet or e-mail, the following disclaimer must be included: —The opinions expressed are the personal opinions of the [author] and not of the Town, unless explicitly stated otherwise. The Town strongly discourages the storage of large numbers of e-mail messages. Retention of messages consumes large amounts of storage space on the Town's network and personal computers and can slow the performance of both the network and individual personal computers. In order to improve system performance and also help minimize disk storage, users should check e-mail daily, and delete unwanted, unnecessary or outdated messages.

## **XII. Consequences of Violations**

If, in the course of an investigation, it appears necessary to protect the integrity, security, or continued operation of its computers and networks or to protect itself from liability, the Town may temporarily deny access to those resources. Suspected policy violations will be referred to appropriate Town Department Heads. The Town may also refer suspected violations to appropriate law enforcement agencies. Policy violations may also result in loss of access privileges, disciplinary action up to and including termination of employment, civil penalties, and/or criminal prosecution in accordance with the Union's current Collective Bargaining Agreement.

## **VIRTUAL PRIVATE NETWORK ACCESS POLICY**

The purpose of this policy is to provide requirements and guidelines for establishing Virtual Private Network (—VPN) connections to the Town of North Hempstead computer network.

VPN access allows an employee or an approved consultant to access company computer files and resources from an off-site location (e.g., home). This policy shall be distributed to employees that request permission to access the Town's computer network via the VPN. If VPN access permission is approved, the employee must read and sign this work instruction in order for VPN access privileges to begin.

This policy applies to all active, full time, part time, seasonal, temporary Town employees and contractors that are approved network users with authorized VPN access to the Town's computer network. This policy applies to implementations of VPN that are directed through the Cisco Pix Firewall.

### **VPN Guidelines**

The following guidelines apply to authorized VPN users:

- Approved full time, part time, seasonal, temporary Town employees and contractors may utilize the VPN, which is a —user managed service. There are two (2) ways for an authorized user to create a VPN connection: (1) by connecting to an Internet Service Provider (ISP) by telephone dial-up, DSL, or cable modem; (2) by connecting directly to the Internet via a computer network connection or direct IP access. If an ISP is to be used, the user is responsible for selecting the ISP, coordinating installation, obtaining and installing any required software, and paying all associated fees.
- It is the responsibility of the user with VPN access privileges to ensure that unauthorized users are not allowed access to Town internal networks.
- Dual (split) tunneling is NOT permitted; only one network connection is allowed.
- VPN gateways will be set up and managed by Town computer network administrators.
- All computers connected to Town internal networks via VPN or any other technology must use the most up-to-date version of the corporate standard anti-virus software. The user must periodically verify that their installed software and virus definitions are up-to-date.
- VPN users will be automatically disconnected from Town of North Hempstead network after thirty minutes of inactivity. The user must then log on again to reconnect to the network. Pings or other artificial network processes are not to be used to keep the connection open.
- A VPN connection is limited to an uninterrupted connection time of 24 hours.
- Users of computers that are not Town-owned equipment must configure the equipment to comply with Town of North Hempstead VPN and computer network security policies.
- Users must understand that when accessing the VPN, their computers are a de facto extension of The Town's network, and as such are subject to the same rules and regulations that apply to Town-owned equipment.
- Only Town approved VPN Client software shall be used. Directions will be provided by the IT Department upon approval of your VPN account.
- Do not save or maintain the user password on the computer being used to access the VPN.

### **How to Request VPN Access**

To request VPN access, the following procedure should be followed:

Step 1: The individual applying for VPN access must send a memo or e-mail to their direct supervisor requesting VPN access. This request should outline the reasons and benefits for their remote network access. (See Criteria for VPN Access Justification in the next section).

Step 2: The direct supervisor should evaluate the person's need for remote access to the network and either approve or deny the request. If the request is approved, the supervisor should sign the VPN Access Approval form.

Step 3: The individual requesting access must review this VPN Access Policy and sign the VPN Access Approval form to acknowledge receipt and understanding of the terms and conditions.

Step 4: The VPN Access Policy with a copy of the request memo attached should then be forwarded to the Commissioner of Information Technology for final approval. Following the Commissioner's approval, the signed VPN Access Policy will be returned to the employee. A copy of the signed approval will be forwarded to the Network Administrator to initiate VPN access.

Step 5: In the case of a Town employee the original signed VPN Access Approval form, with all signatures will be forwarded to the Finance/Personnel Department (Human Resources), so that it can be made a part of the employee's personnel file. In the case of a contractor the original signed VPN Access Approval form, with all signatures will be forwarded to the Department of Information Technology and Telecommunications.

#### **Criteria for VPN Access Justification**

Access to the VPN will be granted to employees and consultants on a need basis. The following criteria will be evaluated in determining whether or not to grant VPN access:

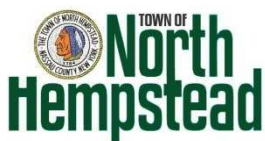
- the user's need for remote access to computer files and resources during normal business hours;
- whether project schedules require additional work effort and whether the user can perform authorized overtime work at home;
- whether the user provides Town support from outside of the office or outside of the Town's regular business hours; and
- whether the user has his/her direct supervisor's approval to work at home or at a remote location.

In some cases, VPN access will be granted for limited time periods. In those cases, a start and end date should be indicated. Granting VPN access is not approval to work at home or telecommute during the Town's regular business hours.

#### **Enforcement**

VPN access may be terminated by the Town in its sole discretion at any time for any reason.

Any user found to have violated this policy may be subject to disciplinary action, up to and including termination of employment in accordance with current Union Collective Bargaining Agreement. In the case of a contractor, violation of this policy may be considered a breach of contract and subject to contractual and other damages and penalties.



**TOWN OF NORTH HEMPSTEAD  
VIRTUAL PRIVATE NETWORK ACCESS POLICY  
VPN ACCESS APPROVAL FORM**

I have received a copy of, read and understand the Town of North Hempstead Virtual Private Network Access Policy and agree to the terms and conditions discussed therein.

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The above named employee has been approved for VPN Access to the Town of North Hempstead computer network for the following period:

VPN Start Date: \_\_\_\_\_

VPN End Date: \_\_\_\_\_

Employee's Direct Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

DoIT Commissioner: \_\_\_\_\_

Date: \_\_\_\_\_



## **FAMILY AND MEDICAL LEAVE POLICY**

1. Eligible employees may take up to 12 weeks of unpaid, job-protected leave during a rolling 12 month period measured forward from the date the employee's first FMLA leave begins for one or more of the following reasons: (i) the birth of a child or the care of a newborn child; (ii) the placement of a child for adoption or foster care; (iii) the care of an immediate family member (spouse, child or parent) with a serious health condition; (iv) the employee is unable to work because of a serious health condition; or (v) for —qualifying exigenciesll arising out of the fact that the employee's immediate family member (spouse, child or parent) is on covered active duty (or has been notified of an impending call or order to covered active duty) as a member of the Regular Armed Forces, National Guard or Reserves or if the individual is called to covered active duty and is a retired member of the Regular Armed Forces or Reserves.

In the case of a member of the regular Armed Forces, —covered active dutyll means duty during deployment to a foreign country. In the case of a member of a reserve component of the Armed Forces, —covered active dutyll means duty during deployment to a foreign country under a call or order to active duty.

In the event that both spouses are employed at the Town and are eligible for FMLA leave, they are limited in the amount of leave they may take for the birth of a child, placement of a child for adoption or foster care, or to care for a parent who has a serious health condition to a combined total of 12 weeks.

Leave for birth of a child, or placement of a child for adoption or foster care, must conclude within 12 months of the birth or placement of the child.

2. Eligible employees may take up to 26 weeks of unpaid, job protected leave to care for an immediate family member (spouse, child, parent) or next of kin (nearest blood relative) of a covered service member. For purposes of this policy, a —covered service memberll is (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or (2) a veteran who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness and who was a member of the Armed Forces, including a member of the National Guard or Reserves, at any time during the period of five (5) years preceding the date of the medical treatment, recuperation, or therapy.

As used in paragraph 2 only, in the case of a current member of the Armed Forces, a —serious injury or illnessll is one that was either occurred in the line of duty on active duty or was aggravated in the line of duty on active duty that may render a member medically unfit to perform the duties of the member's office, grade, rank or rating.

As used in paragraph 2 only, with respect to a veteran, a —serious injury or illnessll means a qualifying injury or illness that either occurred in the line of duty on active duty in the Armed Forces or was aggravated in the line of duty on active duty in the Armed Forces and that manifested itself before or after the member became a veteran.

The leave described in this paragraph shall only be available during a single 12-month period that begins on the first day the eligible employee takes FMLA leave to care for a covered service member and ends 12 months after that date regardless of the method used by the Town to determine an employee's leave entitlement for other types of FMLA-qualifying reasons.

3. During the single 12-month period described in paragraph 2 above, an eligible employee shall be entitled to a combined total of 26 workweeks of leave under paragraphs 1 and 2. Nothing in this paragraph shall be construed to limit the availability of leave under paragraph 1 during any other 12-month period.

In the event that both spouses are employed by the Town and are eligible for FMLA leave, they are limited in the amount of leave to a combined total of 26 weeks of leave during the single 12-month period described in paragraph 2 if: (1) the leave is taken to care for a covered service member with a serious injury or illness; or (2) if a combination of leave is taken to care for a covered service member and for the birth of a child, placement of a child for adoption or foster care or to care for a parent who has a serious health condition.

4. For purposes of this policy, —serious health condition is an illness, injury, impairment or physical or mental condition that involves:

- A. any period of incapacity or treatment in connection with or consequent to inpatient care (i.e., an overnight stay in a hospital, hospice or residential medical care facility);
- B. any period of incapacity requiring absence from work, school or other regular daily activities of more than three consecutive calendar days and any subsequent treatment or period of incapacity relating to the same condition, that also involves:
  - (1) treatment two or more times by a health care provider within thirty days of the first day of incapacity (unless extenuating circumstances exist); or
  - (2) treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider. The first treatment visit must take place within seven days of the first day of incapacity.
- C. Any period of incapacity or treatment for such incapacity due to a chronic serious health condition that requires periodic visits for treatment by a health care provider (at least two visits per year), continues over an extended period of time, and may cause episodic incapacity.
- D. Any period of incapacity due to pregnancy or prenatal care.
- E. Any period of permanent or long term incapacity due to a condition for which treatment may not be effective, and requiring the continuing supervision of a health care provider.
- F. Any period of absence to receive multiple treatments for (1) restorative surgery after an accident or injury or (2) an injury or condition that would result in incapacity of more than three consecutive days if not treated.

Ordinarily, unless complications arise, the common cold, flu, ear aches, upset stomach, ulcers, headaches other than migraines, routine dental problems, etc. do not qualify as serious health conditions. In addition, routine medical examinations are not considered serious health conditions, and neither are voluntary cosmetic treatments, unless inpatient care is required or complications develop.

5. For purposes of this policy, a qualifying exigency may include:
- A. Short notice deployment (i.e., deployment on seven or less days of notice) for a period of seven calendar days from the date of notification;
  - B. Attending certain military events and related activities;
  - C. Arranging for alternative childcare and attending certain school meetings;
  - D. Addressing certain financial and legal arrangements;
  - E. Attending certain counseling sessions;
  - F. Spending time with a covered service member who is on short-term temporary, rest and recuperation leave (up to 15 days of leave);
  - G. Attending post-deployment activities for a period of 90 days following the termination of the covered military member's active duty status, and addressing issues arising from the death of a covered military member;
  - H. Other activities arising out of the military member's active duty or call to active duty status that the employee and the Town agree is a qualifying exigency.
  - I. Caring for a military member's parent who is incapable of self-care when the care is necessitated by the military member's covered active duty.
6. Nothing in this policy shall be deemed to limit an employee's or the Town's rights or obligations with respect to leave for disability under the New York Civil Service Law.

#### **Relation of Policy to Collective Bargaining Agreements**

To the extent a collective bargaining agreement provides greater family and medical leave rights to an employee than the rights established under this Policy, the rights granted to the employee in the collective bargaining agreement will govern the family and medical leave of the employee. If an employee is entitled to family and medical leave under this Policy and under a collective bargaining agreement, the employee's family and medical leave will be deemed to have been taken concurrently under both this Policy and the collective bargaining agreement.

**Advance Notice:** An employee requesting a leave pursuant to the FMLA must submit the attached leave request to his or her immediate supervisor at least 30 days before the date the leave is expected to begin. The Town recognizes that unexpected emergencies can arise where it is not possible to provide 30 days' notice of the intended leave. In such situations, employees are expected to provide as much advance notice as is practicable. If no advance notice is possible, notice is required as early as practicable. If an employee fails to give 30 days' notice for foreseeable leaves with no reasonable excuse for delay, the Town may delay the taking of the FMLA leave until 30 days after the date the employee provides notice to the Town of the need for the leave.

It is the Town's policy that employees must give notice by completing the necessary Request for Family/Medical Leave application form and submitting it to the Department of Finance/Human

Resources, absent unusual circumstances. Failure to provide such notice may be grounds for delaying the start of the FMLA leave or denying the request for leave.

**Medical Certification:** In cases where an employee is requesting a medical leave because of the employee's own serious health condition or that of a spouse, child or parent, the Town will require the employee to submit the attached medical certification, verifying the need for the leave. The Town, at its own expense, may require the employee to receive a second opinion from a health care provider designated and approved by the Town. If this opinion conflicts with the first opinion, the Town, again at its own expense, may request a third opinion from a health care provider mutually agreed upon by both the Town and the employee. The third opinion will be binding on both parties.

When the employee requests leave, the Town will notify the employee of the requirement for certification and when it is due no later than 5 business days after the employee requests leave. Failure to provide requested certification within 15 days, unless it is not practicable to do so despite the employee's diligent, good faith efforts, may result in the delay of further leave until it is provided.

Failure to provide requested certification in a timely manner may result in denial of leave until it is provided.

The employee certification must be complete and sufficient. In the event that the certification is deficient, the Town shall advise the employee in writing what additional information is necessary to make the certification complete and sufficient and give the employee 7 calendar days (unless not practicable despite the employee's diligent, good faith efforts) to cure any such deficiency. If the deficiencies are not cured in the resubmitted certification, the Town may deny the taking of FMLA leave.

**A. Employee's Own Medical Condition:**

For the employee's own medical leave, the certification must include the following information from the employee's attending physician:

1. the date on which the serious health condition began;
2. the probable duration of the serious health condition;
3. a description of the medical facts regarding and treatment of the serious health condition; and
4. a statement that the employee is unable to perform the essential functions of his or her position.

**B. Medical Leave to Care for Family Member:**

If the leave is being requested to care for a spouse, child, or parent with a serious health condition, the written certification must include the following information from the family member's attending physician:

1. the date on which the serious health condition began;
2. the probable duration of the serious health condition;
3. the appropriate medical facts regarding the condition; and
4. a statement that the employee is needed to care for the spouse, child, or parent, with an estimate of the amount of time that the care will require.

**Certification for Military Family Leave:** If an employee is requesting leave because of a Qualifying Exigency or to care for a Covered Service member, the employee must provide appropriate certification.

When the employee requests leave, the Town will notify the employee of the requirement for certification and when it is due no later than 5 business days after the employee requests leave. Failure to provide requested certification within 15 days, unless it is not practicable to do so despite the employee's diligent, good faith efforts, may result in the delay of further leave until it is provided.

Failure to provide requested certification in a timely manner may result in denial of leave until it is provided.

The employee certification must be complete and sufficient. In the event that the certification is deficient, the Town shall advise the employee in writing what additional information is necessary to make the certification complete and sufficient and give the employee 7 calendar days (unless not practicable despite the employee's diligent, good faith efforts) to cure any such deficiency. If the deficiencies are not cured in the resubmitted certification, the Town may deny the taking of FMLA leave.

**Medical Recertification:** Employees who are on a leave because of their own serious health condition or to take care of a spouse, child or parent with a serious health condition may be required to submit to the Town the attached medical recertification of the need to remain on the leave when the Town, in its discretion, deems recertification is warranted and where permissible. The costs of all recertifications not covered by an employee's insurance shall be reimbursed by the Town upon submission of a receipt. Failure to provide requested certification within 15 days, unless it is not practicable to do so despite the employee's diligent, good faith efforts, may result in the delay of further leave until it is provided.

**Substitution of Paid Leave:** Except as provided below, an employee taking leave pursuant to the FMLA will be required to use any accumulated paid leave (e.g., vacation, personal, and/or sick leave as appropriate for the particular leave). Such paid leave time shall count toward the maximum of 12 workweeks of leave or twenty-six (26) work weeks of leave as described in Paragraph 2 above, permitted by this Policy. The remainder of the leave, if any, will be unpaid. The employee will be notified in writing of any leave days that will be counted towards the maximum twelve weeks (or twenty-six (26) work weeks of leave as described in Paragraph 2) of FMLA leave.

Any unpaid leave available under a collective bargaining agreement or other Town policy must also be used and will be counted towards an employee's FMLA entitlement.

Employees who are on a leave of absence that is covered by payments such as disability benefits or Workers' Compensation benefits will not be required to substitute accrued paid leave while receiving these benefit payments. However, the Town and the employee may agree to have accrued paid leave supplement the disability or Workers' Compensation benefits, to the extent permitted by state law. Any leave of absence taken pursuant to an applicable disability law or Workers' Compensation law will be run concurrently with FMLA leave.

**Intermittent and Reduced Schedule Leave:** FMLA leave time may be taken intermittently (or on a reduced schedule basis) whenever the leave is medically necessary due to the serious health condition of a covered family member or the employee, or the serious injury or illness of a covered service member. FMLA leave time may also be taken intermittently (or on a reduced schedule basis) by an employee when necessary for a qualifying exigency. Leave may not be

taken on an intermittent basis or on a reduced work schedule when used to care for the employee's own child during the first year following birth, or to care for a child placed with the employee for foster care or adoption, unless both the Town and the employee have agreed to such leave.

If the need for intermittent leave is foreseeable, based on planned medical treatment, the employee is responsible for scheduling the treatment in a manner that does not unduly disrupt the Town's operations, subject only to the approval of the health care provider.

When an employee requests intermittent leave or reduced schedule leave, the Town reserves the right to transfer the employee temporarily to an alternative position which better accommodates recurring periods of absence. The position to which the employee is transferred will be equivalent in pay and benefits to the one that the employee held prior to the transfer.

**Return to Work Certification:** All employees taking medical leave to care for their own serious health condition will be required to submit a fitness-for-duty certification signed by their health care provider before returning to work, stating that the employee is able to resume his or her position. Employees who are taking intermittent or reduced schedule leave may be required to submit a fitness-for-duty certification where reasonable safety concerns exist regarding the employee's ability to perform his or her job duties.

A fitness-for-duty certification must specifically address the employee's ability to perform the essential functions of his or her job. Failure to provide such medical certification may result in delay or denial of reinstatement.

**Status of Benefits While on Leave:** While an employee is on medical or family leave pursuant to this Policy, he/she will continue to be covered under the Town's insurance plans in effect at the time and so chosen by the employee, so long as the employee continues to pay whatever employee portion of the premium costs is required under Town policy and/or the applicable provisions of any applicable collective bargaining agreements. If paid leave is used for any portion of the family or medical leave, employee premiums will be deducted from the leave payments in accordance with the practice applicable to an employee not on leave. Therefore, those employees using vacation or other paid days toward their FMLA entitlement will maintain the benefit coverage in place for those employees using such days for a non-FMLA purpose.

At the time an employee begins unpaid family or medical leave, he/she shall receive written instructions detailing the time and manner in which the employee premiums, if any, are to be paid. Failure to pay any required premiums by the end of the grace period stated in the written instructions shall result in the loss of insurance coverage so chosen by the employee. The payment of premiums by employees covered by a collective bargaining agreement shall be at the rate set forth in the collective bargaining agreement.

An employee who fails to return to work for at least 30 calendar days following the expiration of the family or medical leave shall be required to reimburse the Town for the portion of the health care premiums paid by the Town during the leave unless the employee can establish that the failure to return was due to the continuation, recurrence or onset of a serious health condition, or a serious injury or illness of a covered service member, which meets the criteria for leave under this Policy or was due to other circumstances beyond the employee's control.

**Restoration of Position and Benefits:** The employee on family or medical leave is not entitled to the accrual of any seniority or employment benefits during any period of unpaid FMLA leave except as expressly stated herein or as otherwise provided by an applicable collective bargaining agreement, binding past practice or by law. Prior to the exhaustion of FMLA leave, employees will be responsible for notifying the Human Resources Department, in writing, of their intention to return to work. At the conclusion of an employee's medical or family leave, the employee will be returned to the position that the employee held prior to taking the leave. If that position is not available, the employee will be placed in a position that is equivalent in pay, conditions and other terms of employment to the employee's prior position. When the employee returns to active work following the family or medical leave, any benefits that have lapsed during the leave shall be reinstated as if the employee had remained actively employed during the leave, except that the employee shall not accrue any additional benefits or seniority during the time of the unpaid FMLA leave. The number of calendar days taken as unpaid leave will be utilized to adjust the employment anniversary date for purposes of calculating seniority and other employment policies of the Town, unless otherwise provided by law or the provisions of an applicable collective bargaining agreement.

**Key Employees:** Under certain circumstances, the Town may deny job restoration to key employees. A key employee is a salaried employee eligible to take leave under this Policy who is among the highest paid ten percent of all the employees -- both salaried and nonsalaried, eligible and ineligible under this Policy -- who are employed by the Town. The Town may refuse to reinstate key employees after using FMLA leave if it determines that substantial and grievous economic injury would result from reinstatement. If this determination is made, the employee will be notified in writing and given an opportunity to end the leave and return to work. If the employee remains on leave, he or she will not have a right to be restored to employment.

**Reservation of Rights:** The Town will comply with all legal requirements for providing family and medical leave to eligible employees. To the extent the law permits employer discretion, the Town hereby expressly reserves the right to modify, change or eliminate any provision of this policy subject to applicable law and/or the provisions of an applicable collective bargaining agreement with respect to any employee or group of employees and does not intend to create a contractual commitment to any employee by issuing this policy.

**FMLA Posting:**

In accordance with federal law, the Town shall post a notice summarizing the main provisions of the FMLA, including enforcement of the law. A copy of the notice posting is attached to this policy as Appendix A.

# **Appendix A**



## EMPLOYEE RIGHTS AND RESPONSIBILITIES (FORM WHD-1420)

### EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

#### Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

#### Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of "serious injury or illness" for current servicemembers and veterans are distinct from the FMLA definition of "serious health condition".**

#### Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

#### Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

**\*Special hours of service eligibility requirements apply to airline flight crew employees.**

#### Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and

a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

#### Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

#### Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

#### Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

#### Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

#### Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

#### Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.**



For additional information:  
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627  
[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)

U.S. Department of Labor | Wage and Hour Division



WHD Publication 1420 - Revised February 2013

**THE TOWN OF NORTH HEMPSTEAD  
EMPLOYEE APPLICATION FOR FAMILY OR MEDICAL LEAVE**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Current Address:

\_\_\_\_\_

Start Date of Anticipated Leave:

\_\_\_\_\_

Expected Date of Return to Work:

\_\_\_\_\_

Reason for Leave (Explain):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: A leave request based on an employee's serious health condition or the serious health condition of an employee's spouse, child or parent, must be accompanied by a verifying medical certification from a physician. With respect to military leave requests, appropriate certification must be provided if you are requesting leave because of a Qualifying Exigency or to care for a Covered Service member.

I hereby authorize the Town to contact my physician to verify the reason for my requested leave or for information concerning my requested family and medical leave.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_

Manager Name

\_\_\_\_\_

Manager Signature

\_\_\_\_\_

Commissioner of Finance Name

\_\_\_\_\_

Commissioner of Finance Signature

## AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION (PHI)

### AUTHORIZATION

#### For the Use and Disclosure of Protected Health Information ("PHI")

I, \_\_\_\_\_, the undersigned, authorize the use and/or disclosure of my Protected Health Information ("PHI") as described below. I understand that my treatment, payment, enrollment or eligibility for services will not be conditioned on the signing of this authorization.

- ☐ **Psychotherapy Notes:** Check here if this authorization is for psychotherapy notes. If so, please disregard item 4 (below) as this authorization cannot be used for any other purpose if Psychotherapy Notes is checked.
- ☐ **HIV-related Information:** Check here if this authorization is for HIV-related information. If so, in addition to completing this form, please complete the attached New York State Department of Health mandated Authorization for the Release of Confidential HIV-Related Information.

#### 1. Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

#### 2. Person(s) Authorized to Disclose PHI:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### 3. Person(s) Authorized to Receive PHI:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### 4. Description of PHI to be Disclosed: (entire medical record; lab/x-ray reports; specific dates of service; etc.):

#### 5. Reason for Disclosure: Please indicate the reason for the disclosure of the above stated PHI:

#### 6. Expiration Date/Event: This authorization will expire:

- ☐ Upon completion of the requested disclosure ☐ On   /  /   (MM/DD/YYYY)  
☐ Six-months from date of this authorization form ☐ One-year from date of this authorization form

This authorization shall become effective immediately. I understand that I have the right to revoke this authorization in writing at any time, except to the extent that it has already been relied upon. I understand that in order to revoke this authorization my revocation must be submitted in writing to: \_\_\_\_\_. I further understand that when my PHI is disclosed pursuant to this authorization it may be subject to redisclosure by the person(s) authorized to receive my PHI.

Dated: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority

## CERTIFICATION OF HEALTH CARE PROVIDER FOR EMPLOYEE'S SERIOUS HEALTH CONDITION (FORM WH-380E)

Certification of Health Care Provider for  
Employee's Serious Health Condition  
(Family and Medical Leave Act)

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 2/28/2015

### **SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: \_\_\_\_\_

Employee's job title: \_\_\_\_\_ Regular work schedule: \_\_\_\_\_

Employee's essential job functions: \_\_\_\_\_

Check if job description is attached: \_\_\_\_\_

### **SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: \_\_\_\_\_  
First Middle Last

### **SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: ( ) Fax: ( )

PART A: MEDICAL FACTS

1. Approximate date condition commenced : -----

Probable duration of **condition** :-----

**Mark below as applicable:**

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes. If so, dates of admission:

\_\_\_\_\_

Date(s) you treated the patient for condition :

\_\_\_\_\_

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes.

Was medication, other than over-the-counter medication, prescribed? \_\_No \_\_Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment , physical therapist)?

\_\_\_\_No \_\_\_\_Yes. If so, state the nature of such treatments and expected duration of treatment:

\_\_\_\_\_

2. Is the medical condition pregnancy? \_\_No \_\_Yes. If so, expected delivery date:\_\_\_\_\_

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: No Yes.

If so, identify the job functions the employee is unable to perform:

\_\_\_\_\_

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART B: AMOUNT OF LEAVE NEEDED**

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery?   No     Yes  .

If so, estimate the beginning and ending dates for the period of incapacity: \_\_\_\_\_

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition?   No     Yes  .

If so, are the treatments or the reduced number of hours of work medically necessary?  
  No     Yes  .

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

\_\_\_\_\_

Estimate the part-time or reduced work schedule the employee needs, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions?   No     Yes  .

Is it medically necessary for the employee to be absent from work during the flare-ups?  
         No            Yes  . If so, explain:

\_\_\_\_\_

\_\_\_\_\_

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (tl.: 1 episode every 3 months lasting 1-2 days):

Frequency : \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours **or** \_\_\_\_\_ day(s) per episode

**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

## CERTIFICATION OF HEALTH CARE PROVIDER FOR FAMILY MEMBER'S SERIOUS HEALTH CONDITION (FORM WH-380F)

Certification of Health Care Provider for  
Family Member's Serious Health Condition  
(Family and Medical Leave Act)

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 2/28/2015

### **SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: \_\_\_\_\_

### **SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: \_\_\_\_\_  
First Middle Last

Name of family member for whom you will provide care: \_\_\_\_\_  
First Middle Last

Relationship of family member to you: \_\_\_\_\_

If family member is your son or daughter, date of birth: \_\_\_\_\_

Describe care you will provide to your family member and estimate leave needed to provide care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



**SECTION III: For Completion by the HEALTH CARE PROVIDER**

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: \_\_\_\_\_

Type of practice / Medical specialty: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**PART A: MEDICAL FACTS**

1. Approximate date condition commenced: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

☐ No ☐ Yes. If so, dates of admission: \_\_\_\_\_

Date(s) you treated the patient for condition: \_\_\_\_\_

Was medication, other than over-the-counter medication, prescribed? ☐ No ☐ Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? ☐ No ☐ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

☐ No ☐ Yes. If so, state the nature of such treatments and expected duration of treatment:

\_\_\_\_\_  
\_\_\_\_\_

2. Is the medical condition pregnancy? ☐ No ☐ Yes. If so, expected delivery date: \_\_\_\_\_

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety, transportation needs or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery?   No     Yes  .

Estimate the beginning and ending dates for the period of **incapacity**: -----

During this time, will the patient need care?   No     Yes  .

Explain the care needed by the patient and why such care is medically necessary:

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5. Will the patient require follow-up treatments, including any time for recovery?   No     Yes  .

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

---

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

---

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery?   No     Yes  .

Estimate the hours the patient needs care on an intermittent basis, if any:

\_\_\_\_\_ hour(s) per day; \_\_\_\_\_ days per week from \_\_\_\_\_ through \_\_\_\_\_

Explain the care needed by the patient, and why such care is medically necessary:

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---

---

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? \_\_\_\_ No \_\_\_\_ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: \_\_\_\_ times per \_\_\_\_ week(s) \_\_\_\_ month(s)

Duration: \_\_\_\_ hours or \_\_\_\_ day(s) per episode

Does the patient need care during these flare-ups? \_\_\_\_ No \_\_\_\_ Yes.

Explain the care needed by the patient, and why such care is medically necessary: \_\_\_\_\_

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**ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.**

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---

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\_\_\_\_\_  
**Signature of Health Care Provider**

\_\_\_\_\_  
**Date**

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.  
**DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.**

**NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES (FORM WH-381)**

Notice of Eligibility and Rights &  
Responsibilities  
(Family and Medical Leave Act)

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 2/28/2015

In general, to be eligible an employee must have worked for an employer for at least 12 months, meet the hours of service requirement in the 12 months preceding the leave, and work at a site with at least 50 employees within 75 miles. While use of this form by employers is optional, a fully completed Form WH-381 provides employees with the information required by 29 CFR 825.300(b), which must be provided within five business days of the employee notifying the employer of the need for FMLA leave. Part B provides employees with information regarding their rights and responsibilities for taking FMLA leave, as required by 29 CFR 825.300(b), (c).

**Part A – NOTICE OF ELIGIBILITY**

TO:

Employee

FROM:

Employer Representative

DATE:

On \_\_\_\_\_, you informed us that you needed leave beginning on \_\_\_\_\_ for:

The birth of a child, or placement of a child with you for adoption or foster care;

Your own serious health condition;

Because you are needed to care for your \_\_\_\_\_ spouse; \_\_\_\_\_ child; \_\_\_\_\_ parent due to his/her serious health condition.

Because of a qualifying exigency arising out of the fact that your \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent is on covered active duty or call to covered active duty status with the Armed Forces.

Because you are the \_\_\_\_\_ spouse; \_\_\_\_\_ son or daughter; \_\_\_\_\_ parent; \_\_\_\_\_ next of kin of a covered servicemember with a serious injury or illness.

This Notice is to inform you that you:

Are eligible for FMLA leave (See Part B below for Rights and Responsibilities)

Are not eligible for FMLA leave, because (only one reason need be checked, although you may not be eligible for other reasons):

You have not met the FMLA's 12-month length of service requirement. As of the first date of requested leave, you will have worked approximately \_\_\_\_\_ months towards this requirement.

You have not met the FMLA's hours of service requirement.

You do not work and/or report to a site with 50 or more employees within 75-miles.

If you have any questions, contact  
located in \_\_\_\_\_

or view the FMLA poster

**!PART B-RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA LEAVE!**

As explained in Part A, you meet the eligibility requirements for taking FMLA leave and still have FMLA leave available in the applicable 12-month period. **However, in order for us to determine whether your absence qualifies as FMLA leave, you must return the following information to us by \_\_\_\_\_.** (If a certification is requested, employers must allow at least 15 calendar days from receipt of this notice; additional time may be required in some circumstances.) If sufficient information is not provided in a timely manner, your leave may be denied.

Sufficient certification to support your request for FMLA leave. A certification form that sets forth the information necessary to support your request        **is/**        **is not** enclosed.

Sufficient documentation to establish the required relationship between you and your family member.

Other information needed (such as documentation for military family leave):

\_\_\_\_\_  
No additional information requested

**If your leave does qualify** as FMLA leave you will have the following **responsibilities** while on FMLA leave (only checked blanks apply):

Contact \_\_\_\_\_ at \_\_\_\_\_ to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day (or, indicate longer period, if applicable) grace period in which to make premium payments. **If** payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave, and recover these payments from you upon your return to work.

You will be required to use your available paid        **sick,**        **vacation,** and/or        **other leave** during your FMLA absence. This means that you will receive your paid leave and the leave will also be considered protected FMLA leave and counted against your FMLA leave entitlement.

Due to your status within the company, you are considered a "key employee" as defined in the FMLA. As a "key employee," restoration to employment may be denied following FMLA leave on the grounds that such restoration will cause substantial and grievous economic injury to us. We    **have/**        **have not** determined that restoring you to employment at the conclusion of FMLA leave will cause substantial and grievous economic harm to us.

While on leave you will be required to furnish us with periodic reports of your status and intent to return to work every \_\_\_\_\_ (Indicate interval of periodic reports, as appropriate for the particular leave situation).

**If the circumstances of your leave change, and you are able to return to work earlier than the date indicated on this form, you will be required to notify us at least two workdays prior to the date you intend to report for work.**  
**If your leave does qualify** as FMLA leave you will have the following **rights** while on FMLA leave:

You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as:  
       the calendar year (January -December).  
       a fixed leave year based on       ,  
       the 12-month period measured forward from the date of your first FMLA leave usage.  
       a "rolling" 12-month period measured backward from the date of any FMLA leave usage.

You have a right under the FMLA for up to 26 weeks of unpaid leave in a single 12-month period to care for a covered servicemember with a serious injury or illness. This single 12-month period commenced on

\_\_\_\_\_

Your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work.

You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from FMLA-protected leave. (If your leave extends beyond the end of your FMLA entitlement, you do not have return rights under FMLA.)

- If you do not return to work following FMLA leave for a reason other than: 1) the continuation, recurrence, or onset of a serious health condition which would entitle you to FMLA leave; 2) the continuation, recurrence, or onset of a covered servicemember's serious injury or illness which would entitle you to FMLA leave; or 3) other circumstances beyond your control, you may be required to reimburse us for our share of health insurance premiums paid on your behalf during your FMLA leave.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid FMLA leave entitlement, you have the right to have \_\_\_\_ **sick**, \_\_\_\_ **vacation**, and/or \_\_\_\_ **other leave** run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of the leave policy. Applicable conditions related to the substitution of paid leave are referenced or set forth below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid FMLA leave.

\_\_\_\_ For a copy of conditions applicable to sick/vacation/other leave usage please refer to \_\_\_\_ available at: \_\_\_\_.

\_\_\_\_ Applicable conditions for use of paid leave: \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Once we obtain the information from you as specified above, we will inform you, within 5 business days, whether your leave will be designated as FMLA leave and count towards your FMLA leave entitlement. If you have any questions, please do not hesitate to contact:** \_\_\_\_\_ at \_\_\_\_\_.

#### PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

It is mandatory for employers to provide employees with notice of their eligibility for FMLA protection and their rights and responsibilities. 29 U.S.C. 2617; 29 CFR 825.300(b), (c). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

## DESIGNATION NOTICE (FORM WH-382)

### Designation Notice (Family and Medical Leave Act)

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1215-0181

Expires: 12/31/2011

Leave covered under the Family and Medical Leave Act (FMLA) must be designated as FMLA-protected and the employer must inform the employee of the amount of leave that will be counted against the employee's FMLA leave entitlement. In order to determine whether leave is covered under the FMLA, the employer may request that the leave be supported by a certification. If the certification is incomplete or insufficient, the employer must state in writing what additional information is necessary to make the certification complete and sufficient. While use of this form by employers is optional, a fully completed Form WH-382 provides an easy method of providing employees with the written information required by 29 C.F.R. §§ 825.300(c), 825.301, and 825.305(c).

To: \_\_\_\_\_

Date: \_\_\_\_\_

We have reviewed your request for leave under the FMLA and any supporting documentation that you have provided.  
We received your most recent information on \_\_\_\_\_ and decided:

\_\_\_\_\_ Your FMLA leave request is approved. All leave taken for this reason will be designated as FMLA leave.

**The FMLA requires that you notify us as soon as practicable if dates of scheduled leave change or are extended, or were initially unknown. Based on the information you have provided to date, we are providing the following information about the amount of time that will be counted against your leave entitlement:**

\_\_\_\_\_ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days, or weeks will be counted against your leave entitlement: \_\_\_\_\_

\_\_\_\_\_ Because the leave you will need will be unscheduled, it is not possible to provide the hours, days, or weeks that will be counted against your FMLA entitlement at this time. You have the right to request this information once in a 30-day period (if leave was taken in the 30-day period).

**Please be advised (check if applicable):**

\_\_\_\_\_ You have requested to use paid leave during your FMLA leave. Any paid leave taken for this reason will count against your FMLA leave entitlement.

\_\_\_\_\_ We are requiring you to substitute or use paid leave during your FMLA leave.

\_\_\_\_\_ You will be required to present a fitness-for-duty certificate to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. A list of the essential functions of your position \_\_\_\_\_ is \_\_\_\_\_ is not attached. If attached, the fitness-for-duty certification must address your ability to perform these functions.

\_\_\_\_\_ **Additional information is needed to determine if your FMLA leave request can be approved:**

\_\_\_\_\_ The certification you have provided is not complete and sufficient to determine whether the FMLA applies to your leave request. You must provide the following information no later than \_\_\_\_\_, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.  
(Provide at least seven calendar days)

(specify information needed to make the certification complete and sufficient)

\_\_\_\_\_ We are exercising our right to have you obtain a second or third opinion medical certification at our expense, and we will provide further details at a later time.

\_\_\_\_\_ Your FMLA Leave request is Not Approved.

\_\_\_\_\_ The FMLA does not apply to your leave request.

\_\_\_\_\_ You have exhausted your FMLA leave entitlement in the applicable 12-month period.

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

It is mandatory for employers to inform employees in writing whether leave requested under the FMLA has been determined to be covered under the FMLA. 29 U.S.C. § 2617; 29 C.F.R. §§ 825.300(d), (e). It is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 10 – 30 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.**

Form WH-382 January 2009

**CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE  
(FORM WH-384)**

Certification of Qualifying Exigency  
For Military Family Leave  
(Family and Medical Leave Act)

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 2/28/2015

**SECTION I: For Completion by the EMPLOYER**

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. Your response is voluntary, and while you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.309.

Employer name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

**SECTION II: For Completion by the EMPLOYEE**

**INSTRUCTIONS to the EMPLOYEE:** Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can; terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 CFR 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your employer must give you at least 15 calendar days to return this form to your employer.

Your Name: \_\_\_\_\_  
First Middle Last

Name of military member on covered active duty or call to covered active duty status:

\_\_\_\_\_  
First Middle Last

Relationship of military member to you: \_\_\_\_\_

Period of military member's covered active duty: \_\_\_\_\_

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a military member's covered active duty or call to covered active duty status. Please check one of the following and attach the indicated document to support that the military member is on covered active duty or call to covered active duty status.

A copy of the military member's covered active duty orders is attached.

Other documentation from the military certifying that the military member is on covered active duty (or has been notified of an impending call to covered active duty) is attached.

I have previously provided my employer with sufficient written documentation confirming the military member's covered active duty or call to covered active duty status.



**PART A: QUALIFYING REASON FOR LEAVE**

1. Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):

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2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility; or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached.

Yes ☐ No ☐ None Available ☐

**PART B: AMOUNT OF LEAVE NEEDED**

1. Approximate date exigency commenced: \_\_\_\_\_

Probable duration of exigency: \_\_\_\_\_

2. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?

Yes ☐ No ☐

If so, estimate the beginning and ending dates for the period of absence:

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3. Will you need to be absent from work periodically to address this qualifying exigency? Yes ☐ No ☐

Estimate schedule of leave, including the dates of any scheduled meetings or appointments:

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Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: \_\_\_\_\_ times per \_\_\_\_\_ week(s) \_\_\_\_\_ month(s)

Duration: \_\_\_\_\_ hours \_\_\_\_\_ day(s) per event.

**PART C:**

If leave is requested to meet with a third party (such as to arrange for childcare or parental care, to attend counseling, to attend meetings with school, childcare or parental care providers, to make financial or legal arrangements, to act as the military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used by your employer to verify that the information contained on this form is accurate.

Name of Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Describe nature of meeting: \_\_\_\_\_

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**PART D:**

I certify that the information I provided above is true and correct.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYER.**

## CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF COVERED SERVICEMEMBER FOR MILITARY FAMILY LEAVE (FORM WH-385)

Certification for Serious Injury or  
Illness of a Current  
Servicemember - -for Military Family Leave  
(Family and Medical Leave Act)

U.S. Department of Labor

Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 2/28/2015

### Notice to the EMPLOYER

**INSTRUCTIONS to the EMPLOYER:** The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of a current servicemember to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR 1630.14(c)(1), if the Americans with Disabilities Act applies.

### SECTION I: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the Employee Is Requesting Leave

**INSTRUCTIONS to the EMPLOYEE or CURRENT SERVICEMEMBER:** Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a serious injury or illness of a servicemember. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

### SECTION II: For Completion by a UNITED STATES DEPARTMENT OF DEFENSE ("DOD") HEALTH CARE PROVIDER or a HEALTH CARE PROVIDER who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee listed on Page 2 has requested leave under the FMLA to care for a family member who is a current member of the Regular Armed Forces, the National Guard, or the Reserves who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness. For purposes of FMLA leave, a serious injury or illness is one that was incurred in the line of duty on active duty in the Armed Forces or that existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

A complete and sufficient certification to support a request for FMLA leave due to a current servicemember's serious injury or illness includes written documentation confirming that the servicemember's injury or illness was incurred in the line of duty on active duty or if not, that the current servicemember's injury or illness existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces, and that the current servicemember is undergoing treatment for such injury or illness by a health care provider listed above. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the servicemember's condition for which the employee is seeking leave.

**SECTION 1: For Completion by the EMPLOYEE and/or the CURRENT SERVICEMEMBER for whom the employee Is Requesting Leave:**

(This section must be completed first before any of the below sections can be completed by a health care provider.)

**Part A: EMPLOYEE INFORMATION**

Name and Address of Employer (this is the employer of the employee requesting leave to care for the current servicemember):

Name of Employee Requesting Leave to Care for the Current Servicemember:

First

Middle

Last

Name of the Current Servicemember (for whom employee is requesting leave to care):

First

Middle

Last

Relationship of Employee to the Current Servicemember:

Spouse ☐ Parent ☐ Son ☒ Daughter ☐ Next of Kin ☒

**Part B: SERVICEMEMBER INFORMATION**

- (1) Is the Servicemember a Current Member of the Regular Armed Forces, the National Guard or Reserves?  
Yes ☐ No ☐

If yes, please provide the servicemember's military branch, rank and *unit* currently assigned to:

Is the servicemember assigned to a military medical treatment facility as an outpatient or to a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients (such as a medical hold or warrior transition unit)?

Yes ☐ No ☐

If yes, please provide the name of the medical treatment facility or unit:

- (2) Is the Servicemember on the Temporary Disability Retired List (TDRL)?  
Yes ☐ No ☐

**Part C: CARE TO BE PROVIDED TO THE SERVICEMEMBER!**

Describe the Care to Be Provided to the Current Servicemember and an Estimate of the Leave Needed to Provide the Care:

SECTION II: For Completion by a United States Department of Defense ("DOD") Health Care Provider or a Health Care Provider who is either: (1) a United States Department of Veterans Affairs ("VA") health care provider; (2) a DOD TRICARE network authorized private health care provider; (3) a DOD non-network TRICARE authorized private health care provider; or (4) a health care provider as defined in 29 CFR 825.125. If you are unable to make certain of the military-related determinations contained below in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as a DOD recovery care coordinator).

(Please ensure that Section I above has been completed before completing this section. Please be sure to sign the form on the last page.)

Part A: HEALTH CARE PROVIDER INFORMATION

Health Care Provider's Name and Business Address:

Type of Practice/Medical Specialty:

Please state whether you are either: (1) a DOD health care provider; (2) a VA health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider, or (5) a health care provider as defined in 29 CFR 825.125:

Telephone: ( ) Fax: ( ) Email: ( )

PART B: MEDICAL STATUS

(1) The current Servicemember's medical condition is classified as (Check One of the Appropriate Boxes):

☐ D (VSI) Very Seriously Ill/Injured - Illness/Injury is of such a severity that life is imminently endangered. Family members are requested at bedside immediately. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ D (SI) Seriously Ill/Injured - Illness/injury is of such severity that there is cause for immediate concern, but there is no imminent danger to life. Family members are requested at bedside. (Please note this is an internal DOD casualty assistance designation used by DOD healthcare providers.)

☐ D OTHER Ill/Injured - a serious injury or illness that may render the servicemember medically unfit to perform the duties of the member's office, grade, rank, or rating.

☐ D NONE OF THE ABOVE (Note to Employee: If this box is checked, you may still be eligible to take leave to care for a covered family member with a "serious health condition" under § 825.113 of the FMLA. If such leave is requested, you may be required to complete DOL FORM WH-380-F or an employer-provided form seeking the same information.)

(2) Is the current Servicemember being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes ☐ No ☐

(3) Approximate date condition commenced: \_\_\_\_\_

(4) Probable duration of condition and/or need for care: \_\_\_\_\_

- (5) Is the servicemember undergoing medical treatment, recuperation, or therapy for this condition? YesD NoD

If yes, please describe medical treatment, recuperation or therapy:

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**ART C: SERVICEMEMBER'S NEED FOR CARE BY FAMILY MEMBER!**

- (1) Will the servicemember need care for a single continuous period of time, including any time for treatment and recovery? YesD NoD

If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_

- (2) Will the servicemember require periodic follow-up treatment appointments? YesD NoD

If yes, estimate the treatment schedule: \_\_\_\_\_

- (3) Is there a medical necessity for the servicemember to have periodic care for these follow-up treatment appointments? YesD NoD

- (4) Is there a medical necessity for the servicemember to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)?

YesD NoD

If yes, please estimate the frequency and duration of the periodic care:

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Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. 26; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution AV, NW, Washington, DC 20210. DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE PATIENT.

**CERTIFICATION FOR SERIOUS INJURY OR ILLNESS OF A VETERAN FOR MILITARY  
FAMILY LEAVE (FORM WH-385-V)**

Certification for Serious Injury  
or Illness of a Veteran for  
Military Caregiver Leave  
(Family and Medical Leave Act)

U.S. Department of Labor  
Wage and Hour Division



OMB Control Number: 1235-0003  
Expires: 2/28/2015

**Notice to the EMPLOYER**

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran to submit a certification providing sufficient facts to support the request for leave. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 CFR 825.310. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees or employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 CFR 1630.14(c)(1), if the Americans with Disabilities Act applies.

**SECTION I: For completion by the EMPLOYEE and/or the VETERAN for whom the employee is requesting leave**

**INSTRUCTIONS to the EMPLOYEE and/or VETERAN:** Please complete Section I before having Section II completed. The FMLA permits an employer to require that an employee submit a timely, complete, and sufficient certification to support a request for military caregiver leave under the FMLA leave due to a serious injury or illness of a covered veteran. If requested by the employer, your response is required to obtain or retain the benefit of FMLA-protected leave. 29 U.S.C. 2613, 2614(c)(3). Failure to do so may result in a denial of an employee's FMLA request. 29 CFR 825.310(f). The employer must give an employee at least 15 calendar days to return this form to the employer.

(This section must be completed before Section II can be completed by a health care provider.)

**Part A: EMPLOYEE INFORMATION**

Name and address of employer (this is the employer of the employee requesting leave to care for a veteran):

\_\_\_\_\_

Name of employee requesting leave to care for a veteran:

\_\_\_\_\_  
First Middle Last

Name of veteran (for whom employee is requesting leave):

\_\_\_\_\_  
First Middle Last

Relationship of employee to veteran:

Spouse ☐ Parent ☐ Son ☐ Daughter ☐ Next of Kin ☐ (please specify relationship):

**Part B: VETERAN INFORMATION**

- (1) Date of the veteran's discharge:  
\_\_\_\_\_
- (2) Was the veteran **dishonorably** discharged or released from the Armed Forces (including the National Guard or Reserves)? Yes ☐ No ☐
- (3) Please provide the veteran's military branch, rank and unit at the time of discharge:  
\_\_\_\_\_
- (4) Is the veteran receiving medical treatment, recuperation, or therapy for an injury or illness?  
Yes ☐ No ☐

**Part C: CARE TO BE PROVIDED TO THE VETERAN**

Describe the care to be provided to the veteran and an estimate of the leave needed to provide the care:

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SECTION II: For completion by: (1) a United States Department of Defense ("DOD") health care provider; (2) a United States Department of Veterans Affairs ("VA") health care provider; (3) a DOD TRICARE network authorized private health care provider; (4) a DOD non-network TRICARE authorized private health care provider. ~~Or~~ (a health care provider as defined in 29 CFR 825.125).

**INSTRUCTIONS to the HEALTH CARE PROVIDER:** The employee named in Section I has requested leave under the military caregiver leave provision of the FMLA to care for a family member who is a veteran. For purposes of FMLA military caregiver leave, a serious injury or illness means an injury or illness incurred by the servicemember in the line of duty on active duty in the Armed Forces (or that existed before the beginning of the servicemember's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and manifested itself before or after the servicemember became a veteran, and is:

- (i) a continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating; or
- (ii) a physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50 percent or greater, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave; or
- (iii) a physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment; or
- (iv) an injury, including a psychological injury, on the basis of which the covered veteran has been enrolled in the Department of Veterans Affairs Program of Comprehensive Assistance for Family Caregivers.

A complete and sufficient certification to support a request for FMLA military caregiver leave due to a covered veteran's serious injury or illness includes written documentation confirming that the veteran's injury or illness was incurred in the line of duty on active duty or existed before the beginning of the veteran's active duty and was aggravated by service in the line of duty on active duty, and that the veteran is undergoing treatment, recuperation, or therapy for such injury or illness by a health care provider listed above. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA military caregiver leave coverage. Limit your responses to the veteran's condition for which the employee is seeking leave.

(Please ensure that Section I has been completed before completing this section. Please be sure to sign the form on the last page and return this form to the employee requesting leave (See Section I, Part A above). DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION.)

**Part A: HEALTH CARE PROVIDER INFORMATION**

Health care provider's name and business address:

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Type of Practice/Medical Specialty: \_\_\_\_\_

Please indicate if you are:

☐ a DOD health care provider

☐ a VA health care provider

☐ a DOD TRICARE network authorized private health care provider

☐ a DOD non-network TRICARE authorized private health care provider

☐ other health care provider

**PART B: MEDICAL STATUS**

Note: If you are unable to make certain of the military-related determinations contained in Part B, you are permitted to rely upon determinations from an authorized DOD representative (such as, DOD Recovery Care Coordinator) or an authorized VA representative.

(1) The Veteran's medical condition is:

- ☐ A continuation of a serious injury or illness that was incurred or aggravated when the covered veteran was a member of the Armed Forces and rendered the servicemember unable to perform the duties of the servicemember's office, grade, rank, or rating.
- ☐ A physical or mental condition for which the covered veteran has received a U.S. Department of Veterans Affairs Service Related Disability Rating (VASRD) of 50% or higher, and such VASRD rating is based, in whole or in part, on the condition precipitating the need for military caregiver leave.
- ☐ A physical or mental condition that substantially impairs the covered veteran's ability to secure or follow a substantially gainful occupation by reason of a disability or disabilities related to military service, or would do so absent treatment.
- ☐ An injury, including a psychological injury, on the basis of which the covered veteran is enrolled in the Department of Veterans' Affairs Program of Comprehensive Assistance for Family Caregivers.
- ☐ None of the above.

(2) Is the veteran being treated for a condition which was incurred or aggravated by service in the line of duty on active duty in the Armed Forces? Yes ☐ No ☐

(3) Approximate date condition commenced: \_\_\_\_\_

(4) Probable duration of condition and/or need for care: \_\_\_\_\_

(5) Is the veteran undergoing medical treatment, recuperation, or therapy for this condition? Yes ☐ No ☐

If yes, please describe medical treatment, recuperation or therapy:

\_\_\_\_\_

**PART C: VETERAN'S NEED FOR CARE BY FAMILY MEMBER**

"Need for care" encompasses both physical and psychological care. It includes situations where, for example, due to his or her serious injury or illness, the veteran is unable to care for his or her own basic medical, hygienic, or nutritional needs or safety, or is unable to transport him or herself to the doctor. It also includes providing psychological comfort and reassurance which would be beneficial to the veteran who is receiving inpatient or home care.

(1) Will the veteran need care for a single continuous period of time, including any time for treatment and recovery? Yes ☐ No ☐

If yes, estimate the beginning and ending dates for this period of time: \_\_\_\_\_

(2) Will the veteran require periodic follow-up treatment appointments? Yes ☐ No ☐

If yes, estimate the treatment schedule: \_\_\_\_\_

(3) Is there a medical necessity for the veteran to have periodic care for these follow-up treatment appointments?  
Yes ☐ No ☐

(4) Is there a medical necessity for the veteran to have periodic care for other than scheduled follow-up treatment appointments (e.g., episodic flare-ups of medical condition)? Yes ☐ No ☐

If yes, please estimate the frequency and duration of the periodic care:

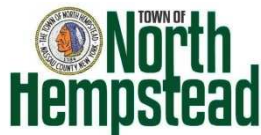
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Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT**

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years, in accordance with 29 U.S.C. 2616; 29 CFR 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210. **DO NOT SEND THE COMPLETED FORM TO THE WAGE AND HOUR DIVISION; RETURN IT TO THE EMPLOYEE REQUESTING LEAVE (As shown in Section I, Part "A" above).**



**THE TOWN OF NORTH HEMPSTEAD  
NOTICE OF INTENTION TO RETURN FROM LEAVE**

Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date Leave Commenced: \_\_\_\_\_

Date of Planned Return: \_\_\_\_\_

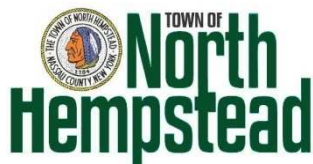
I understand that my restoration to employment is subject to the following conditions:

1. As a condition of restoration, each employee must provide a written certification from his or her health care provider that the employee is able to resume working.
2. Every attempt will be made to restore an employee returning from leave to his or her original position. If the employee's original position is unavailable, the employee will be placed in an equivalent position with equivalent pay and benefits.
3. Any employee returning from family and medical leave shall not be entitled to the accrual of any seniority or employment benefits during the period of unpaid leave.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have examined \_\_\_\_\_ and can certify that he/she is fully able to resume working.

Health Care Provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**TOWN OF NORTH HEMPSTEAD'S**  
**POLICY MANUAL ACKNOWLEDGEMENT FORM**

I hereby acknowledge that I have given access to a copy of the Town of North Hempstead's Employee Policy Manual and that I understand its contents. A hard copy of this manual can be found at your department/location. It can also be viewed and copied by accessing the document through the Town's Intranet site under:

**Depts./Finance-HR/Benefits, Policies & Forms.**

EQUAL EMPLOYMENT OPPORTUNITY POLICY  
STATEMENT OF POLICY FOR DISABLED EMPLOYEES  
NO-SMOKING POLICY  
ACCIDENT PREVENTION AND REPORTING  
WORKPLACE VIOLENCE PREVENTION PROGRAM  
CODE OF ETHICS  
USE OF TOWN VEHICLES  
DRUG AND ALCOHOL FREE WORKPLACE POLICY  
\*DEPARTMENT OF TRANSPORTATION DRUG & ALCOHOL TESTING POLICY  
CATASTROPHIC LEAVE BANK PROGRAM POLICY  
COMPUTER AND TELECOMMUNICATION SYSTEMS USAGE POLICY  
TOWN OF NORTH HEMPSTEAD VIRTUAL PRIVATE NETWORK ACCESS POLICY  
FAMILY AND MEDICAL LEAVE ACT POLICY

\*Those employees subject to the Town of North Hempstead's Department of Transportation Drug & Alcohol Testing Program must also sign the Drug & Alcohol Testing Policy Acknowledgement Form located in this manual.

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**Employee Signature**

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**Employee Name (Please Print)**

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**Date**

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**Department**

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**Chairwoman Bosworth offered the following resolution and moved its-adoption, which resolution was declared adopted after a poll of the members of this Board:**

**RESOLUTION NO. s19 - 2015**

**A RESOLUTION AUTHORIZING THE EMPLOYMENT, APPOINTMENT, TRANSFER, ADJUSTMENT, CORRECTION, CHANGE IN GRADE OR SALARY AND/OR TERMINATION OF EMPLOYEES AND/OR OFFICIALS WITHIN THE AUTHORITY.**

**WHEREAS**, the approval of the members of the Town of North Hempstead Solid Waste Management Authority (the "Authority") has been requested for the employment, appointment, transfer, adjustment, correction, change in grade or salary and/or termination of certain employees and/or officials.

**NOW, THEREFORE, BE IT**

**RESOLVED** that the following employment, appointment, transfer, adjustment, corrections, changes in grade or salary, and/or terminations are hereby adopted and approved:

**SEE EXHIBIT A ATTACHED**

; and be it further

**RESOLVED** that the above listed employments, appointments, transfers, adjustments, corrections, and/or changes in grade or salary are hereby appointed to the respective positions at a rate of compensation shown next to their names; and be it further

**RESOLVED** that the appointments and employments are subject to the satisfactory completion of a physical examination by a physician; and be it further

**RESOLVED** that the term of appointment and employment of any person to an exempt position shall be at the pleasure of the Board; and be it further

**RESOLVED** that the effective date of the foregoing employments, appointments, transfers, adjustments, corrections, and/or changes in grade or salary of said individuals, employees and/or officials of the Authority shall be that date certified by the Secretary of the Authority; and be it further

**RESOLVED** that the foregoing appointments, employments and terminations are subject to the rules and regulations of the Nassau County Civil Service Commission and New York State Civil Service Law.

**Dated:** Manhasset, New York

June 2, 2015

The vote on the foregoing resolution was recorded as follows:

Ayes: Chairwoman Bosworth, Member Russell, Member Kaplan, Member Seeman,  
Member De Giorgio, Member Ferrara, Member Zuckerman

Nays: None

cc: Counsel to SWMA, Assistant Treasurer, SWMA



FINANCE DEPARTMENT / HR

Please prepare a resolution effectuating the following appointments and/or changes for the 06/02/2015 Town Board Meeting

From: Bob Weitzner-Commissioner of Finance/HR

To:Supervisor Judi Bosworth

ALL APPOINTMENTS PENDING COMPLETION OF PAPERWORK & CIVIL SERVICE APPROVAL. ALL CHANGES WILL TAKE PLACE NO EARLIER THAN THE PAY PERIOD BEGINNING 06/06/2015.

UNLESS OTHERWISE NOTED. **ALL SEASONAL EMPLOYMENT COMMENCES 05/02/2015 AND ENDS 09/30/2015.**

Type	Fr/To	Department #	Department Name	Budget Code	Employee Name	FT / PT / Seasonal	Employee Title	Employee Rate	Grade/Step	Effective Date
New Seasonal	From	104120	SWMA	CL.08.8161.1200	Clark, Lori	Seasonal	Clerk	\$ 15.00/hr.		
	To		Administration							
New Seasonal	From	104120	SWMA	CL.08.8161.1200	Smith, Kim	Seasonal	Clerk	\$15.00/hr.		
	To		Administration							
New Seasonal	From	104120	SWMA	CL.08.8161.1200	Nolan, Daniel	Seasonal	Laborer	\$12.00/hr		
	To		Landfill							
	From									
	To									
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Signature: \_\_\_\_\_  
Robert Weitzner -- Commissioner of Finance / Hr